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THE MARYLAND PHARMACIST



PRACTICAL • PROGRESSIVE • PROFESSIONAL

VOLUME XXXVII

OCTOBER, 1961

No. 1

PROCEEDINGS NUMBER 1961

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for Future Reference

Published Monthly by the
MARYLAND PHARMACEUTICAL ASSOCIATION

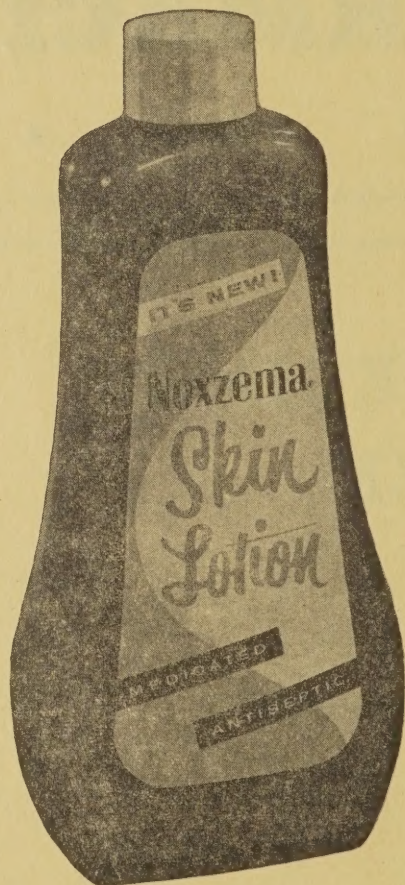
Subscription Price \$5.00 the Year

650 W. Lombard St.

— JOSEPH COHEN, Editor —

Baltimore 1, Md.

Noxzema's Great New Skin Lotion



★ 6 oz. bottle, retail price 89c. A fast growing companion to America's best known skin cream. Stock now for Fall Profits.

NOXZEMA CHEMICAL COMPANY

NEW topical
corticosteroid
provides superior
anti-inflammatory and
antipruritic activity

CORDRAN™

(flurandrenolone, Lilly)
(6α-fluoro-16α-hydroxyhydrocortisone
16,17-acetonide)

...and to combat infection

CORDRAN™-N

(flurandrenolone with neomycin sulfate, Lilly)

To provide greater flexibility in usage, Cordran and Cordran-N are available in both a cosmetically acceptable vanishing cream and a hydrophilic ointment base.

Description: Cordran cream and ointment are new corticosteroid preparations for topical use. Each Gm. contains 0.5 mg. Cordran.

Cordran-N cream and ointment combine Cordran and a safe, effective wide-spectrum antibiotic, neomycin. Each Gm. contains 0.5 mg. Cordran and 5 mg. neomycin sulfate (equivalent to 3.5 mg. base).

The cream base is composed of stearic acid, cetyl alcohol, liquid petrolatum, polyoxyl 40 stearate, ethyl parahydroxybenzoate, glycerin, and purified water. The ointment base is composed of white beeswax, cetyl alcohol, sorbitan sesquioleate, and white petrolatum.

Side-Effects: No side-effects have been reported to date from the use of either the cream or ointment forms of Cordran and Cordran-N.

Contraindications and Precautions: Cordran and Cordran-N should not be used in the presence of tuberculosis of the skin, nor should they be used in the eyes.

If secondary bacterial infections of the skin are present prior to the use of Cordran, they should be treated also with appropriate anti-infective measures. If the infection present before the application of Cordran or Cordran-N, or developing during its use, does not respond promptly, discontinue the preparation until the infection has been adequately controlled.

Patients with superficial fungus or yeast infections should be treated with additional appropriate methods and must be under constant medical observation.

Although sensitivity has not been reported, a few individuals may be sensitive to these preparations. If any reaction indicating sensitivity is observed, discontinue the use of the product. If a patient has a proved idiosyncrasy to neomycin, another antibiotic may be used along with Cordran.


Since use of antibiotic agents may cause overgrowth of nonsusceptible organisms, constant observation of the patient is essential.

Administration and Dosage: Cream—For moist, weeping lesions. Rub a small quantity of cream gently into the affected areas two or three times daily. Vigorous application is not necessary and may damage the skin.

Ointment—For dry, scaly lesions. Apply a small quantity of ointment as a thin film to the affected areas two or three times daily.

How Supplied: All product forms are supplied in 7.5 and 15-Gm. tubes.

Lilly



WHEN A HIGH-POTENCY
VITAMIN PRODUCT
IS INDICATED

MYADEC

vitamin formula with minerals

- helps to prevent or correct certain vitamin deficiencies • supplies various minerals normally present in body tissue.

Each MYADEC Capsule provides:

Vitamins: Vitamin B₁₂ crystalline—5 meg.; Vitamin B₂ (riboflavin)—10 mg.; Vitamin B₆ (pyridoxine hydrochloride)—2 mg.; Vitamin B₁ mononitrate—10 mg.; Nicotinamide (niacinamide)—100 mg.; Vitamin C (ascorbic acid)—150 mg.; Vitamin A—25,000 units (7.5 mg.); Vitamin D—1,000 units (25 mcg.); Vitamin E (*d*-alpha-tocopheryl acetate concentrate)—5 I.U. *Minerals* (as inorganic salts): Iodine—0.15 mg.; Manganese—1 mg.; Cobalt—0.1 mg.; Potassium—5 mg.; Molybdenum—0.2 mg.; Iron—15 mg.; Copper—1 mg.; Zinc—1.5 mg.; Magnesium—6 mg.; Calcium—105 mg.; Phosphorus—80 mg.

Supplied: Bottles of 30, 100, and 250.

PARKE-DAVIS

PARKE, DAVIS & COMPANY, CHICAGO 28, ILLINOIS

This ad is currently being seen by doctors in your area. Their continuing specification of MYADEC will mean more business...more profits for you. Are your supplies adequate? Order now, to be sure.

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The Maryland Pharmacist

PUBLISHED MONTHLY BY THE
MARYLAND PHARMACEUTICAL ASSOCIATION

JOSEPH COHEN, Editor

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OCTOBER, 1961

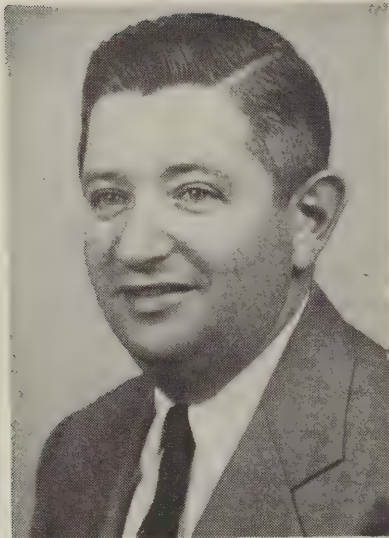
No. 1

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MARYLAND PHARMACEUTICAL ASSOCIATION
1961 - 1962**

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NORMAN J. LEVIN, *President*
MARYLAND PHARMACEUTICAL ASSOCIATION

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FOREWORD

The Proceedings Number of the Maryland Pharmacist, official publication of the Maryland Pharmaceutical Association, is an annual report of the activities of the Association. It is a compilation of facts and data reflecting the deliberations and labors of the officers and committees of the Maryland Pharmaceutical Association, its auxiliaries and affiliate organizations. It represents thousands of man-hours, devoted by conscientious workers on behalf of Pharmacy. These Proceedings are an actual record of the activities of the Maryland Pharmaceutical Association from Convention-time 1960 to Convention-time 1961, and are permanently added to the archives of the Association.

These Proceedings specifically cover the 79th Convention of the Maryland Pharmaceutical Association held at the Shelburne Hotel, Atlantic City, New Jersey, July 3, 4, 5, 6, 1961. The program of the Ladies' and Travelers' Auxiliaries are also recorded.

This was the third Convention of the Maryland Pharmaceutical Association held at the Shelburne Hotel in Atlantic City. It was a successful Convention in every respect except attendance which was fifty less than the previous Convention. The drop in attendance was attributed to two factors: 1. The Fourth of July holiday; and, 2. Atlantic City. It is difficult for an owner to get away on a holiday; and there are some who attend Conventions regularly that prefer a change in locale.

In this Journal, you will find the detailed agenda of the 1961 Convention.

The Secretary's and Treasurer's report will give you a working and financial review of the administration of the Association.

A report of the Maryland Board of Pharmacy is recorded giving data as to the activities of the Board. A report on the University of Maryland School of Pharmacy is included and should be of interest to all pharmacists.

You will find in this issue a complete list of every pharmacist and assistant pharmacist registered in the State of Maryland assumed to be alive; a list of active, affiliate and associate dues-paid members of the Association; and a list of the Travelers' Auxiliary as well as the firms they represent. These lists are invaluable as a handy reference.

Because of both information and reference value, sections pertaining to the handling of Veterans Prescriptions and the filling of oral narcotic prescriptions have been included again. Please note the schedule of prices for Veterans Prescriptions.

Other sections give information on the organization of the Association. Your Editor sincerely hopes you will derive some benefit from this Proceedings Issue and that you will keep it in your pharmaceutical library for further reference.

JOSEPH COHEN

Editor

... Proceedings ...

of the
Seventy-ninth Annual Meeting
of the
Maryland Pharmaceutical Association

Held At
THE SHELBURNE HOTEL
Atlantic City, New Jersey
July 3, 4, 5 and 6, 1961

FIRST SESSION

Monday, July 3

The First Session of the Seventy-ninth Annual Convention was called to order at 2:00 P.M. by President Harold M. Goldfeder in Kerry Hall of the Shelburne Hotel, Atlantic City, New Jersey.

President Goldfeder in opening the Convention extended greetings and welcome to all those present. He explained that the Convention Committee had worked very hard to make the Convention a success. He also expressed to the members that he hoped their stay at the Shelburne would be an enjoyable one.

Solomon Weiner won the Early Bird Prize, a \$25.00 merchandise gift certificate.

President Goldfeder welcomed 2nd Vice President William A. Cooley who gave greetings from the Allegany-Garrett County Pharmaceutical Association, and Morris R. Yaffe who represented the Prince Georges-Montgomery County Pharmaceutical Association. Jay Levine who represented the Washington County Pharmaceutical Association was also introduced.

President Goldfeder introduced Mr. Marcus Ford, Vice President of the Shelburne Hotel. Mr. Ford welcomed the Convention to Atlantic City. He promised everything possible would be done to make the Convention comfortable, enjoyable and otherwise successful. Mr. Ford thanked Secretary Joseph Cohen and the Convention Committee for their fine cooperation in making the Convention arrangements. He also thanked all the members for coming.

Jerome J. Cermak, 1st Vice President of the Baltimore Metropolitan Pharmaceutical Association responded to Mr. Ford's welcome and extended greetings and best wishes from the Baltimore Association for a successful Convention.

The following introductions were made by President Goldfeder: Mr. Richard Crane, President of the T.A.M.P.A.; Lester Martin, Honorary President of the Maryland Pharmaceutical Association and others.

A telegram of best wishes was read from Dr. John W. Dargavel, Secretary, National Association of Retail Druggists extending greetings and best wishes for a successful Convention, and commended the Association for its cooperation with the N.A.R.D. He urged continued support of Fair Trade legislation and extended an invitation to attend the N.A.R.D. Convention in Miami Beach in October 1961.

The President then called for Committee Reports.

REPORT OF THE SOCIAL COMMITTEE

Norman J. Levin, Chairman

The essential work of the Social Committee is the preparation and arrangement of the annual convention. For this purpose a general meeting of the various convention committees was held in March. The members and organization of this committee are listed on the back of the program and no further listing is required. We are sure you will find their work both rewarding and satisfying.

Subcommittees made trips to the Shelburne and to Galen Hall. Tamiment—a resort in the Poconos met with our representatives about a future convention site.

Tonight we have arranged a buffet dinner and tomorrow evening a dinner dance. These are new types of social affairs for our convention and we hope you enjoy them.

I want to thank TAMPA, LAMPA, the members of my committee, and the Secretaries office who extended great effort for the success of this convention.

REPORT OF THE TREASURER

John F. Wannenwetsch

Mr. President, Ladies and Gentlemen:

I have visited the Associations office on several occasions during the past year to discuss financial matters with the Secretary. I have examined expenditures and issued checks. A financial report has been made at each Executive Committee meeting held.

Last year, I reported a certificate covering 22 shares of Union Trust Company stock had been lost. A duplicate certificate was obtained and has been placed in the Association's safe deposit box.

I am pleased to report that the Maryland Pharmaceutical Association is in good financial condition, due to good conservative management.

An audit report is being distributed for your attention. Please note revenue from the Maryland Pharmacist has decreased due to increased expense of publication. Also the Veterans Prescription Account is lower because less prescriptions are being processed by the Association.

The Association again engaged the services of Robert W. Black, Certified Public Accountant, to make an audit of the accounts of the

Association. The results of the audit, which speaks for itself, is as follows:

June Sixteenth
Nineteen Hundred Sixty One

Maryland Pharmaceutical Association
650 West Lombard Street
Baltimore 1, Maryland

Gentlemen:

We have made an examination of the books and records of the Maryland Pharmaceutical Association, Baltimore, Maryland for the fiscal year ended May 31, 1961, and submit, herewith, the following Exhibits:

EXHIBIT A—Statement of Cash Receipts and Disbursements—
General Fund

EXHIBIT B—Statement of Cash Receipts and Disbursements—
The Maryland Pharmacist

EXHIBIT C—Statement of Cash Receipts and Disbursements—
Veterans Administration

EXHIBIT D—Statement of Savings Accounts

The above Exhibits cover the fiscal year from June 1, 1960 to May 31, 1961.

The assets of the Association consist of the following as of May 31, 1961.

CASH - \$48,318.71

General Association Account.....	\$18,099.48
Savings Account General Fund—	
Union Trust Company	9,762.65
Savings Account General Fund Reserve—	
Reisterstown Federal Savings and Loan	
Association	3,000.00
Savings Account Pension Fund Reserve—	
Reisterstown Federal Savings and Loan	
Association	1,500.00
The Maryland Pharmacist	1,304.79
Veterans Administration	702.89
Savings Account Scholarship Fund—	
Savings Bank of Baltimore	1,204.14
Savings Account Kelly Memorial Building Fund—	
Savings Bank of Baltimore	12,744.76
	<hr/>
	\$48,318.71

These balances were confirmed by correspondence with the depositories.

INVESTMENTS

U. S TREASURY SERIES J. BONDS	\$7,714.00
UNION TRUST COMPANY OF MARYLAND STOCK \$	715.00

The Association owns Series J. Government Bonds purchased in 1955 at a cost of \$6,840.00. These bonds will have a maturity value of \$9,500.00 in 1967. As of February 1961, the value of these bonds was \$7,714.00. The Union Trust stock represents 22 shares acquired August 3, 1938. We examined these securities at your safe deposit box during the course of our examination.

SUMMARY of ASSETS
as of MAY 31, 1961

Cash	\$48,318.71
U. S. Treasury Bonds at Redemption Value	7,714.00
Union Trust Company of Maryland Stock	715.00
TOTAL ASSETS	\$56,747.71

In making the audit of the books and records of the Association, we examined cancelled checks, bank statements, payroll records, dues records and paid invoices to the extent we deemed necessary.

Respectfully submitted,

ROBERT W. BLACK
CERTIFIED PUBLIC ACCOUNTANT
BY: ROBERT W. BLACK, C.P.A.

June Sixteenth
Nineteen Hundred Sixty One

Maryland Pharmaceutical Association
650 West Lombard Street
Baltimore 1, Maryland

We have examined the Statements of Cash Receipts and Disbursements of the Maryland Pharmaceutical Association, Baltimore, Maryland for the fiscal year ended May 31, 1961 (General Fund, The Maryland Pharmacist, Veterans Administration and Savings Accounts). Our examination was made in accordance with generally accepted auditing standards and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying Statements of Cash Receipts and Disbursements fairly present the financial position of the Maryland Pharmaceutical Association at May 31, 1961 (General Fund), The Maryland Pharmacist, Veterans Administration and Savings Accounts), and the result of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

ROBERT W. BLACK
CERTIFIED PUBLIC ACCOUNTANT

EXHIBIT A

MARYLAND PHARMACEUTICAL ASSOCIATION
STATEMENT of CASH RECEIPTS and DISBURSEMENTS
for the year ending MAY 31, 1961

GENERAL FUND

Cash Balance—June 1, 1960		20,859.59
Receipts		
Dues (Net)	15,885.00	
Convention (Net)	5,510.56	
Baltimore Metropolitan Pharmaceutical Association	5,000.00	
Transferred from The Maryland Pharmacist	2,000.00	
Transferred from Veterans Administration	1,000.00	
Regional Meetings	58.05	
Sale of Union Trust Stock Rights	44.69	
Dividends	66.00	
TOTAL RECEIPTS		29,564.30
		50,423.89
Disbursements		
Salaries	18,010.73	
Office Expense (Net)	3,285.16	
Pension	1,417.92	
Light, Power and Water	872.18	
Taxes (Payroll)	536.79	
Professional Relations	318.33	
Printing	334.27	
Legal	750.00	
Auditing	150.00	
Advertising	25.00	
Insurance	373.39	
Kelly Memorial Building Fund	1,130.00	
Pharmacy Week Committee	62.27	
Legislative Committee Expense	288.54	
Dr. Robert L. Swain Pharmacy Seminar	19.83	
Pension Fund—Savings Account Reserve	1,500.00	
General Fund—Savings Account Reserve	3,000.00	
A.Ph.A. Prepaid Prescription Study Contribution	250.00	
TOTAL DISBURSEMENTS		32,324.41
Balance—May 31, 1961		18,099.48

EXHIBIT B

THE MARYLAND PHARMACIST
STATEMENT of CASH RECEIPTS and DISBURSEMENTS
for the year ending MAY 31, 1961

Cash Balance—June 1, 1960.....	761.04	
Receipts		
Advertising (Net).....	10,808.31	
		<hr/>
		11,569.35
Disbursements		
D. Stuart Webb, Inc.—Printing.....	7,920.49	
Robert L. Swain, Jr.—Cartoons.....	240.00	
Joseph Ruzicka—Bookbinding.....	16.60	
Abramson Advertising Company.....	87.47	
Trasferred to Maryland Pharmaceutical Association General Fund.....	2,000.00	
		<hr/>
TOTAL DISBURSEMENTS	10,264.56	
		<hr/>
Balance—May 31, 1961	1,304.79	
		<hr/>

EXHIBIT C

VETERANS ADMINISTRATION
STATEMENT of CASH RECEIPTS and DISBURSEMENTS
for the year ending MAY 31, 1961

Cash Balance—June 1, 1960.....	517.60	
Receipts		
Veterans Administration	7,621.58	
		<hr/>
		8,139.18
Disbursements		
Cost of Prescriptions	6,436.29	
Transferred to Maryland Pharmaceutical Association General Fund	1,000.00	
		<hr/>
TOTAL DISBURSEMENTS	7,436.29	
		<hr/>
Cash Balance—May 31, 1961.....	702.89	
		<hr/>

EXHIBIT D

MARYLAND PHARMACEUTICAL ASSOCIATION
STATEMENT of SAVINGS ACCOUNTS
Scholarship Fund

Balance—June 1, 1960	933.30	
Receipts		
Interest	31.84	
Contributions	239.00	270.84
		<hr/>
Balance—May 31, 1961	1,204.14	
		<hr/>

Kelly Memorial Fund

Balance—June 1, 1960		10,255.86
Receipts		
Interest	358.90	
Baltimore Metropolitan Pharmaceutical Association	1,000.00	
Other Contributions (Dues)	1,130.00	2,488.90
	<hr/>	<hr/>
Balance—May 31, 1961		12,744.76
		<hr/>

General Fund Savings Account

Balance—June 1, 1960	9,476.55
Receipts	
Interest	286.10
	<hr/>
Balance—May 31, 1961	9,762.65
	<hr/>

Pension Fund

Receipts	
Transferred from Maryland Pharmaceutical General Fund	1,500.00
	<hr/>
Balance—May 31, 1961	1,500.00
	<hr/>

General Fund Savings Account

Receipts	
Transferred from Maryland Pharmaceutical General Fund	3,000.00
	<hr/>
Balance—May 31, 1961	3,000.00
	<hr/>

REPORT OF THE AUDITING COMMITTEE**Jerome J. Gernak, Chairman**

A meeting of the Auditing Committee was held at the Kelly Memorial Building on June 27, 1961 to examine the accounts of the Maryland Pharmaceutical Association. Those present were: Treasurer John F. Wannenwetsch, Secretary Joseph Cohen, Solomon Weiner, Alexander J. Ogrinz, Jr.

Also present was Mr. Leonard Rome, representing the firm of Robert W. Black, Certified Public Accountants, the Association Auditor. The audit was reviewed and discussed in detail. All accounts were found to be in order.

REPORT OF THE FINANCE COMMITTEE

Alexander J. Ogrinz, Jr., Chairman

The Finance Committee of the Maryland Pharmaceutical Association is charged with determining the financial needs of the Association. It also is concerned in ways and means of obtaining necessary funds and preparing an annual budget.

The Committee met at the Kelly Memorial Building on January 6, 1961 to examine the 1960 statement of receipts and disbursements and to compare it with the 1959 statement.

Disbursements for the calendar year 1960—January 1 to December 31—amounted to \$25,892.75 against a budget set at \$26,500.00 for the year.

The Committee approved a budget for 1961 in the amount of \$28,500.00. The increase of \$2,000.00 over the 1960 budget was agreed upon to establish a Pension Reserve Fund of \$1,500.00 and to permit an additional \$500.00 for operating expenses of the Association.

The recommendation of the Finance Committee was presented to the January meeting of the Executive Committee and the 1961 budget of \$28,500.00 was approved.

Since the budget is projected for the future and inasmuch as 1961 has not been completed, we can not give you actual figures regarding receipts and disbursements for 1961 at this time. However, in order that you may have an idea of the normal disbursements of the Association, I am listing the 1960 estimated and actual disbursements:

1960 Estimated Disbursements		1960 Actual Disbursements
Office Expense	\$4,000.00	\$3,199.43
Salaries	18,000.00	18,549.89
Pension—Strasburger	1,417.92	1,417.92
Light, Power, Heat, Water	800.00	516.34
Taxes (Payroll)	500.00	557.40
Insurance	360.00	373.39
Legal Retainer	750.00	750.00
Audit	150.00	150.00
Miscellaneous Fund	522.08	378.38
	<hr/>	<hr/>
	\$26,500.00	\$25,892.75

A Pension Fund has been established in a Federal Savings and Loan Association. The sum of \$1,500.00 has been deposited in the Fund for 1961. It is hoped the Association will be in a position to set aside annually such an amount for this purpose. Mr. Melnicove, legal counsel for the Association, is studying plans to implement the Fund when the time comes to make payments from the Fund.

I wish to take this opportunity to thank the members of the Finance Committee for their devoted service and cooperation. They are: Herman B. Drukman, H. A. B. Dunning, John F. Wannenwetsch, Solomon Weiner, Gregory W. A. Leyko, Lyndon B. Myers, Morris Lindenbaum and Charles E. Spigelmire.

REPORT OF THE TRADE RELATIONS COMMITTEE**Aaron M. Libowitz, Chairman****Given By Jerome J. Cermak**

The following men were added to this committee at a meeting on Friday, November 11, 1960. James Davis of F. A. Davis & Sons, David Estrin of Loewy Drug Company, John Crozier of Calvert Drug Company, Joseph Muth of Muth Brothers & Company and Joseph Fitzsimmons of Henry B. Gilpin Company and letters were sent to the Prince Georges-Montgomery County and the Allegany-Garrett County Associations asking them to appoint some one to act as liaison between our Trade Relations Committee and their associations. So that information, promotions, and ideas can be made available.

60 Pfizer "Say it yourself" Public Relations Kits for pharmacists were ordered and distributed at a regional meeting. This second edition contained many useful aids. There are speech texts, radio-TV scripts, model window display photos, pharmacy newsletters, two color placards with messages aimed straight at prescription customers, and reprints of newspaper columns explaining in everyday language why prescriptions are really bargain items. Distributed at no charge.

Merchandising of Sundries Specials

Mr. Joseph Fitzsimmons of Henry B. Gilpin tells how the independent pharmacist can merchandise sundry items to increase store traffic:

"This area as you must already realize, is one offering tremendous promotional value for the independent pharmacist if harnessed correctly.

"The merchandising of sundries usually starts with the front window of a retail store. In the window, there should be window banners and mass displays of the items being featured. All too frequently you find that the window is looked upon as a "necessary evil" rather than a merchandising opportunity. In the final analysis, the window is actually the introduction to the store and too frequently windows are left unchanged for periods of time ranging up to one year. It is my opinion that they should be changed at least monthly, and preferably, more frequently.

"By tradition, sundries are used as a lead item and full mark-up is made on the regular drug store items. The only notable exception to this rule with which I am familiar is Washington, D.C. where the chains apparently use their basic merchandise as loss-leaders and make full mark-up on sundries.

"In the merchandising of sundries for this purpose, it is wise to remember that their value is in attracting store traffic and not in percentages. All too often, a given store has a strong feeling that any items showing less than 1/3 or 40% is not worth handling. It is imperative that this philosophy be abandoned if we are to launch on an aggressive merchandising campaign on sundry items.

"I am extremely happy that both you and your association are giving active thought to and probably will program aggressive merchandising campaigns. This is an extremely important area of the total business in these competitive days in which we live. I have had some experience in this particular area and also have access to several experts in this field. If at any time you feel this information would be of value to you, please feel free to call upon me." Joseph Fitzsimmons — Henry B. Gilpin Co.

ST. JOSEPH ALMANAC CALENDERS

At the regional meeting in Urbana, in October, this committee was requested to check the advertising program of St. Joseph Almanac Calenders.

Mr. Price, Maryland representative for Plough, Inc. saw me with copies of the ad and answered all my questions. The only objection I could find in the ad read—"If you want to enter this \$25,000 contest you must use the official entry blank only this calender contains. So accept no other calender. Tell your druggists this is the one you want! **Then if he is not planning to order a supply—go to a druggist who is.**" Mr. Price informed me he had to phone Mr. Abe Plough in reference to our conversation. I explained that the Maryland Pharmaceutical Association did not object to this promotion. I personally, thought it was good, but what Plough was saying in his ads were—if the druggists were not handling Plough calenders—they should not push St. Joseph Products. A few days later I received a letter from Mr. David Auslander, who is Retail Division Sales Manager for Plough, Inc. addressed to: Chairman, Trade Relations Committee, Maryland Pharmacuetical Association,

"Dear Mr. Libowitz:

Our representative, Mr. John Price, advises us that you desire a letter with respect to our advertising campaign on our St. Joseph Family Almanac Calenders.

We are concerned regarding the complaints you have received and we are glad to have this opportunity to point out the benefits your members derive from our calenders.

Our company has always prided itself on standing shoulder to shoulder with the druggists—and in our advertisement you will note that it is the druggist for whom we urge support and patronage, the druggist for whom we lay our advertising dollars on the line—in contrast to many other advertisers who do not support the retail druggist in any way.

We are enclosing one of our 1961 St. Joseph Family Almanac Calender along with the print of our latest newspaper advertisement. **Please note that the lines you referred to when speaking to our representative have been deleted from the advertisement.** We cannot change the plates on our original advertisements, but we believe that the new ones should meet the approval of your members.

In looking over the calendar and the advertisement you will immediately observe how both of these bring the public's attention to the druggist, which is invaluable advertisement. It is understandable why so many druggists distribute calendars.

We are grateful for this opportunity to write to you and should you wish to discuss this further with our representative, we will consider it a privilege to oblige." Mr. David Auslander.

Beginning Wednesday, November 16th, in all Maryland papers the new ad appeared; the objectionable line was omitted. The Trade Relations Committee requested the Executive Committee to send a letter to Mr. David Auslander and Mr. Abe Plough of Plough, Inc. thanking them for their cooperation. The request was granted.

Reader's Digest First Aid Handbook

In the September issue of Reader's Digest, a book of first aid was published. The handbook contained a check of supplies of 27 items, stating all items are obtainable at the drug store.

With the help of the magazine distributor of Reader's Digest—we were able to distribute to 450 drug stores, display material, stands and streamers, making them eligible to compete in Reader's Digest First Aid Handbook Drug Store Display Contest. There were \$1,050.00 in prizes. This contest was open to all retail drug store owners and managers in the United States. The display had to be tied in with sick room supplies, providing many sales opportunities. A photo of the display had to be sent. The entries were judged on the merchandising effectiveness of the display. Maryland had two winners in this contest. First prize of \$250.00 was won by Read's Drug Store, Howard & Lexington Streets, Baltimore and a \$25.00 Honor award was won by Tennant's Rexall Professional Pharmacy of 36th Street, Baltimore.

Primatene cannot be sold in Maryland

Last January, our President, Harold M. Goldfeder gave me an ad taken from the Washington Star Newspaper advertising "Primatene" by Whitehall Laboratories, Inc. saying "can be bought at your neighborhood pharmacy." This has created misunderstanding in the Prince Georges-Montgomery County Area, because it cannot be sold in Maryland. President Goldfeder requested the Trade Relations Committee to do something about it. I contacted Mr. Frank Balassone, Commissioner of Drug Control and received a letter from him stating that Primatene Tablets "cannot be sold in Maryland as it contains phenobarbital." On February 3rd, I called Dr. Kelly, Trade Relations of Whitehall Laboratories in New York City. I explained the reason for the call and he transferred the call to Mr. C. D. Crowley, Jr., chief attorney for Whitehall Laboratories. Mr. Crowley was very cooperative and sent me the following letter.

Trade Relations Committee
Maryland Pharmaceutical Association
Attention: Mr. Libowitz, Chairman

Gentlemen:

This will confirm our telephone conversation on Thursday last. We have recently changed our Primatene advertising to add in the body copy that the product is **available in most states without prescription**. This has been done in a spirit of cooperation and an attempt to avoid the difficulty which you described on the phone. We trust it will be successful.

As explained in our telephone conversation, we would greatly appreciate your sponsoring for the State of Maryland, a statutory provision which will eliminate the difficulty permanently and permit the pharmacists of the state to sell such products without prescription."

We thank the Whitehall Laboratories and Mr. C. D. Crowley, Jr. for their cooperation.

Bulletin Board—Registration & Voting Information

We in pharmacy have always acknowledged "service" to be our key word. If there is one department that every drug store owner can expand, that will give him wider effectiveness and important diversification, it is his service to his community. Many of you have been wanting to perform some type of worthwhile public service, one that would not take of your time or pocketbook. Getting out the vote is just such an opportunity.

An attractive bulletin board 30" wide by 20" deep made of heavy cardboard was made available to store owners of the Maryland Pharmaceutical Association "free of charge." It bore the words "Registration & Voting Information." It was colored red, white and blue. It accommodated three 8½ x 11" sheets of paper—side by side. Through the generosity of the Rexall Drug Company, 400 display boards were distributed free of charge — no advertising appeared.

By posting the registration and voting information in an accessible spot in your store, your friends, customers and neighbors of both political parties made the drug store and more specifically your drug store, the service headquarters of your community. The public was told by radio, TV and newspaper "Be registered, so you can vote. If you don't know where, ask at your friendly neighborhood pharmacy."

Latest Promotions Presented at Regional Meetings

The independent drug store is facing competition from every side—unions, co-op selling, mail order houses, discount stores, vending machines, super markets, variety stores—with many other merchants trying to encroach on "drug store business." Many items that have always been considered "drug store items" were sold last year in the following ratio.

Sales in Drug Stores vs. Super Markets & Other Outlets

Aspirin	\$29,330,000	\$ 39,550,000
A.P.C. Type	88,420,000	125,160,000
Milk of Magnesia	11,390,000	12,300,000
Tooth Brushes	25,210,000	35,870,000
Tooth Paste	55,680,000	171,970,000

The distribution trends illustrated in these figures did not happen overnight and will continue unless pharmacists like yourself use every means at your disposal to convince the buying public in your community, they should use pharmacies as their source for consumer and vitamin products instead of buying them from other sources.

The Trade Relations Committee made available to you at each regional meeting, a complete program of new ideas for retail selling. With the cooperation of the manufacturers, the latest promotions were presented with suggestions on increasing your sale by displaying items that are advertised nationally. Most manufacturers as they introduce new items "tie-in" with national advertising for easy identification by the consumer. Consequently — more sales.

Other Projects Are Being Investigated And Worked On By Your Committee

1. A Diabetic Display Department for every drug store. The "diabetic customer is a lifetime customer" who is a steady purchaser of insulin, oral hypoglycemic drugs, and many related items. The family of a diabetic spends 78% more than the non-diabetic family in the drug store every year.

2. A narcotic inventory report will be tested in Maryland through the cooperation of Mrs. Baldwin of the Narcotic Bureau and the Maryland Pharmaceutical Association. Arnold Blaustein, a pharmacy student of the University of Maryland, has been doing the leg work. A narcotic check list has been shown to representative drug stores. When results have been tabulated, they will be turned over to the Narcotic Bureau for their O.K.

3. Last year our magazine survey showed many complaints regarding the distribution of magazines to retail drug stores in Maryland. We found the distributors cooperative, and anxious to correct any justified complaint. This year, we corrected many complaints of the retail druggists. If you have a problem with magazine distribution, notify the Trade Relations Committee. With the cooperation of one of the largest magazine distributors, we are trying for a 10 month period an experiment in increasing sales of better magazines for pharmacies, near food and drug chains. The pharmacies picked for this experiment should cooperate and give all "class" magazines prominent display. Jerome Block of Baltimore is in charge of this project and is doing a fine job.

Many thanks to the Trade Relations Committee consisting of:
 Jerome J. Cermak, Co-Chairman; Morris Bookoff; Jerome Block;
 W. A. Braden, Silver Spring; Salvator J. Latona, Mt. Rainier;

Alvin Geser; Nicholas A. Toronto, Upper Marlboro; William C. Hill, Easton; Louis Davidov; Irving I. Cohen; Isaac Kerpelman, Salisbury; Robert F. Tomsko, Cumberland; William C. Chatkin, Hagerstown; Hershel Cohen; Charles E. Spigelmire; Elwin H. Alpern, Odenton; John G. Magiros, Ellicott City; Donald O. Fedder, Dundalk; Thomas J. Hayman, Salisbury; Milton Sarubin, Ellicott City and Jerome A. Stiffman. Many came long distances to attend meetings, and assist in the projects of this committee.

Sincere appreciation to Joseph Fitzsimmon of Henry B. Gilpin Co. and James Davis of F.A. Davis & Sons for their cooperation, and many thanks to our Secretary, Joseph Cohen for his patience and help.

REPORT OF THE EXECUTIVE SECRETARY

Joseph Cohen

This is the third year in a row that the Shelburne Hotel has been the Convention headquarters of the Maryland Pharmaceutical Association.

The last two Conventions here have been so well attended, and so successful from every point of view, it was decided to return to Atlantic City and the Shelburne in particular for our 79th Annual Meeting.

The Convention is being held at a later date than usual because it took us longer to make up our minds as to location. When Atlantic City was finally chosen, it was impossible to get the last week in June because of another Convention of national scope being held at that time. All hotels in Atlantic City, including the Shelburne, had committed themselves which left us no other choice of time than the first week in July.

The Social Committee under the able direction of Chairman Norman J. Levin, and the various subcommittees have put forth great effort to give you a Convention complete in every detail.

I hope you will benefit from the program that has been arranged for you, and that you will have fun and relaxation during your holiday stay in Atlantic City.

In giving my report each year, it has been my aim to give you a thumb-nail sketch of the major activities of the Maryland Pharmaceutical Association and to review the problem of state and national Pharmacy as I see it. I will endeavor to do this again, during this my ninth report to you as your Executive Secretary.

Meetings

The Maryland Pharmaceutical Association held two Regional Meetings during the fiscal year 1960-61. The Executive Committee felt that since the Regional Meetings were not drawing attendance from some of the areas in which they were being held, the number of such meetings should be reduced until more interest was shown.

Subsequently, a Fall Meeting was held at Peter Pan, Urbana, in October and a Spring Meeting was held at the Turf Valley Country Club near Baltimore in April.

The Fall Meeting was devoted to the development of a Legislative Program to be introduced in the 1961 Session of the State Legislature. The meeting was well attended and proved to lay the groundwork for a successful Legislative Program. This will be fully reported by Mr. Morgenroth, Chairman of the Legislative Committee, later.

The Spring Meeting was a political action meeting. Excellent speakers were brought in to explain the necessity for political and community civic interest by pharmacists on a neighborhood and community level. This too was a well attended meeting and brought home the fact that pharmacists must take an interest in community activity of every nature.

It is unfortunate that pharmacists in certain areas of the State have isolated themselves from all Association activity. From what I am about to disclose in this report, all pharmacists better wake up and unite in an all-out effort for survival. The hour is indeed growing late. The Meeting hall is the first step in cooperation for self-survival.

Conventions

The Association was represented by a small group of Maryland Pharmacists at the N.A.R.D. Convention held in Denver, Colorado, October 1960; and the A.Ph.A. Convention held in Chicago, Illinois in April 1961. At both Conventions, I attended meetings of the National Conference of State Pharmaceutical Association Secretaries and the Metropolitan Drug Association Secretaries. I am a member of both bodies. The most important topics of discussion at these meetings were: Fair Trade; Medical Care and Welfare Programs; the use of Generic Drugs; Manufacturers Discount Policies; and Antitrust Actions under consideration.

The A.Ph.A. took significant action in defending those states where Antitrust suits had been filed against pharmacy associations, charging price-fixing in violation of the Sherman Act. The A.Ph.A. also accepted the burden of raising funds to pay for legal fees and other expenses involved in the suits.

The A.Ph.A. has changed its Constitution making only graduate pharmacists eligible for Active membership. This change received an overwhelming vote and should receive support by all pharmacists.

Medical Care

Under the heading of Medical Care, the recent Legislature enacted a Bill which reorganized the Health Department of Maryland. The Health Department is now controlled by a policy making Board of Health and Mental Hygiene. Lloyd N. Richardson, Bel Air pharmacist, who served on the old Board of Health has been appointed on the New Board by Governor Tawes for a two year term.

Walter E. Albrecht continues to serve on the Council on Medical Care of the State Department of Health.

Morris R. Yaffe, Francis S. Balassone, and I serve on the Physicians and Pharmacists Services Committee of the Maryland Bureau of Medical Care Services.

Dean Foss and I serve on the Advisory Committee of the State Planning Commission Committee on Medical Care.

Gordon A. Mouat was recently appointed staff pharmacist of the Medical Care Section of the Baltimore City Health Department.

Victor H. Morgenroth, Jr. serves on the Baltimore City Commission on Problems of the Aged.

Dean Foss, Dr. Krantz and I serve on the Baltimore Health Department Formulary Committee.

I give you this resume of activity, because I know of no other state where Pharmacy is so well represented as far as Medical Care is concerned.

This representation was inspired because Pharmacy was not recognized on the Governor's Commission on Problems of the Aged. Mrs. Schweinhut, the Chairman of the Commission does not see the importance of Pharmacy representation. This shows how short-sighted bureaucrats can be. How can you consider Problems of the Aged without considering drugs? Kerr-Mills has proven this to be true. Yet Mrs. Schweinhut does not think it is important enough to have a drug expert serve on her Commission.

I could not get permission from the wise lady to attend the White House Conference on the Problems of the Aged. However, I was granted this privilege as a guest of our good friend Congressman Friedel.

I was glad I had the opportunity to attend the White House Conference. I am sorry all of you did not have the same opportunity. It would have been a revelation. From what I saw and heard, the Conference was a farce. It was controlled by a bunch of dogooders who are ready to give the country away and they do not care how much you and posterity will pay for the free grab.

The first step in this direction was a compromise supported by the A.M.A., known as the Kerr-Mills Act. This is to furnish Medical Assistance to the Aged. In my opinion, this Act is doomed because it is not realistic. The income ceiling is too low; the physicians' fees are too low; and pharmacists fees have been disregarded entirely. I am now speaking for Maryland only.

Medical Care is no longer an act of charity. It is a way of life. Until governments learn to understand that professional services are subject to the same expenses and taxes as other occupations and compensate for them accordingly, Kerr-Mills or any other plan will not work. Everybody has to make a profit in order to make a livelihood and Medical Care practices by today's standards falls into the category of regular procedures—it is no longer the exception.

I strongly recommend the entire Medical Care Program of Maryland be re-evaluated, as far as prescription and drug services are concerned, putting it on a profitable basis to the pharmacist.

Legislation was recently enacted in Massachusetts, assuring the position of retail pharmacy a free choice of pharmacy by Medical Care recipients. This should be considered in Maryland..

Fair Trade

I do not want to go into detail on the subject of Fair Trade, because I know both Phil Jehle and Si Solomon will give you complete information tomorrow.

You should know however, that I have just returned from an N.A.R.D. conference on the Fair Competitive Practices Act held in Chicago on July 1st, just two days ago.

The Bill—S 1722 introduced by Senators Humphrey, Proxmire and Scott in the Senate; and H.R. 7685 introduced by Congressman Oren Harris in the House are essentially the same as the Bill that died in the 86th Congress. It does not contain any amendments and if passed will become the law of the land superceding all state Fair Trade Acts and making every state subject to Fair Trade.

Hearings will be held in Washington by a Senate Subcommittee on July 25th and 27th. Passage will require an unequalled effort in spite of the support already shown and the type of committeemen chosen to consider the legislation. The odds at best are against us.

The Madden Bill is not for the retailer. It may be supported but certainly should not be favored over the Fair Competitive Practices Act. The retailer is not guaranteed due process in the Madden Bill.

You will be called upon to work on behalf of the Bills mentioned. Don't let us down. In fact, don't let yourselves down. Without Fair Trade you will be faced with chaos and ruin.

Professional Fees

The professional fee concept gives me much concern. According to the decision handed down by Judge Goodman in California, there is reason to believe such an agreement is illegal. Also Fair Trade is recognized by law whereas a professional fee is not. There is also danger in the practice of manufacturers removing List and F.T. prices from their products to allow for Professional Fees. We are inviting cut-throat prices on prescriptions.

Super Threats

This brings me to a new danger confronting Pharmacy. Fair Trade has encouraged Super Markets and others to invade the drug market. Through the Kefauver Investigations, the image of tremendous profits has been impressed upon these interests. They are now entering the prescription services field threatening to devote large areas to filling prescriptions at discount prices. We have waited too long to tell the public the truth about prescription

services, investments, overhead and prices. We must gird ourselves not for defense, but for a factual truth campaign.

This too will take effort and money. I plead with you to see the light before you are plunged into the dismal darkness of despair.

Pharmacy Laws

I am happy to state that we had a successful legislative program as reported earlier in this report. I bring it up again now because I want to emphasize the fact that the Association supported the Board of Pharmacy and Department of Health not only through sincere effort, but also in providing legal talent. Now is the time to put these laws into effect by enforcement. I hope the agencies entrusted with such enforcement will realize their responsibility to the public and perform their duties with courage and justice.

Scholarship Program

The Association continues to support the School of Pharmacy of the University of Maryland in encouraging enrollment and providing scholarship funds to worthy students.

A dinner-meeting was held for high school counsellors last year and another one is contemplated for early Fall. It was held at the Student Union Building of the University in Baltimore and was well attended. Nelson Warfield and Dean Foss are to be complimented for a well planned and successful meeting. The Association, through its Scholarship Fund is making available \$1,000.00 for Freshman use for the year 1961-62.

Office Activity

As your Secretary, I am called upon to perform many services. With the aid of my efficient staff we try to perform these services in an intelligent manner with dispatch. I wish to express my appreciation to Mrs. Piontek and Miss Novotny for their devotion to their work. I also want to give thanks to Messrs. Melnicove and Kaufman who have served the Association in exemplary fashion as legal counsel.

Personal Activity

I think you should know my personal activity besides being your Secretary. I am also Editor of the Maryland Pharmacist and Secretary of the Baltimore Metropolitan Pharmaceutical Association. I have been elected 3rd Vice President of the State Secretaries Conference and have been serving as First Vice President of the Metropolitan Secretaries for two years. I am on the A.Ph.A. Committee on Permanent Organization and served on the A.Ph.A. Nominating Committee and Polio Committee this past year. I am also a member of the N.A.R.D. Legislative Committee. These activities are plus those previously mentioned.

Conclusion

In concluding this report, I would like to say that we have some hard work ahead of us in order to maintain our position as

pharmacists and retail druggists. The biggest problem is to get the younger generation to realize the true seriousness of the problems at hand. They are prone to the practice of day-dreaming and blowing at windmills instead of being realistic. It is good to dream and plan for the future, but there is work to be done now, and now is the time to do it.

Pharmacy has always had formidable problems. Those which have been met with vigorous activity have been solved or alleviated. On the other hand, we have also lost causes when there was no interest shown.

I have complete faith in Pharmacy and the retail drug business as a whole. Pharmacy will survive if we fight for it. I have faith in you that are here today and the many who wanted to be here, but could not because of circumstances of illness and relief.

With faith in each other and sincere cooperation, I think we can meet all opponents and come out victorious.

In closing I want to thank President Harold Goldfeder for his untiring effort and interest in Association matters this past year; Norman Levin and his Convention Committee for providing an excellent Convention; T.A.M.P.A. and L.A.M.P.A. for their support throughout the year.

This expression of appreciation includes the Executive Committee and the other committees who have cooperated in making my work a pleasure.

REPORT OF THE EXECUTIVE COMMITTEE

Gordon A. Mouat, Chairman

During the Association's fiscal year 1960-1961, the Executive Committee of the Maryland Pharmaceutical Association met nine times.

The schedule followed a predetermined calendar that had been accepted by the members of the Committee. This was done out of consideration for the Committee bearing in mind the distance some had to travel, and to also give them an opportunity to schedule their own affairs in advance so that we would have good attendance.

I am happy to report the attendance was exceptionally good throughout the year taking into consideration there is a total of 32 members on the Executive Committee and they travel from every section and corner of the State. This also indicates the devotion of the Committee to the Association and to Pharmacy as a whole.

As the governing body of the Association, the Executive Committee assumes great responsibility for the members of the Association.

The work of the Committee entails many hours of preparation by both its members and the Association staff, and its meetings consume many hours of serious deliberation.

I would be imposing on your time and patience to attempt to give you a detailed Committee report. Therefore, the following is a brief summary of each meeting:

Shelburne Hotel, Atlantic City, New Jersey, June 30, 1960

This meeting was held on the last day of the 1960 Convention and was the first meeting of the newly elected Officers and Executive Committee. The first order of business was the re-appointment of Joseph Cohen as Executive Secretary for the year 1960-61. It was decided to continue the Pharmacy Laws Committee through the 1961 Legislative Session. National, state and local organizations support was discussed. 1961 Convention and Regional Meetings were considered. Reorganization of the Health Department was brought to the attention of the Committee especially regarding Pharmacy representation.

Kelly Memorial Building, August 4, 1961

Several communications were read and discussed regarding various subjects such as, nominations, the 1960 Convention, the School of Pharmacy and from the members. Atlantic City was chosen for the 1961 Convention and it was decided to hold two Regional Meetings instead of four. The 1961 Legislative Program was put under way. Such matters as a Pension Plan, the Health Department reorganization and the Madden Bill were taken up. Committees for the year were appointed. Resolutions, Wage and Hour Laws, substitution in hospital pharmacies, discount policies and problems of the aged were discussed.

Kelly Memorial Building, September 29, 1960

Almost the entire meeting was devoted to the presentation of a 1961 Pharmacy Legislative Program by Victor H. Morgenroth, Jr., Chairman of the Legislative Committee. A contribution of \$250.00 was voted in support of the A.Ph.A. Prepaid Prescription Study. The construction of a Pharmacy exhibit to be shown at Medical and Dental Conventions was approved. Several committee reports were given indicating Association activity.

Peter Pan, Urbana, Maryland, October 20, 1961

Matters originating in previous meetings were reported and decided upon. The formation of an Interprofessional Council was discussed. Mr. Warfield reported on Careers In Pharmacy Committee activity. A report was given on the Legislative Council hearing regarding Pharmacy Laws. A Public Relations Program was considered. The use of Generic Drugs was discussed.

Kelly Building, November 17, 1960

A report was given on the N.A.R.D. Convention held in Denver. A report was given by each committee chairman regarding the activity of each committee. Manufacturers discount policies came in for considerable discussion. Two amendments to the Constitution offered at the Regional Meeting were taken up. A report was given on the successful Careers in Pharmacy meeting. Hospital prescription blanks authorizing blanket substitution was discussed. The status of the MPA Scholarship Fund was considered. The Swain Pharmacy Seminar received an underwriting appropriation.

Kelly Building, January 12, 1961

A report was given on the White House Conference on the Aging by Secretary Cohen. A Membership-Finance Committee report was given on a proposed integrated dues plan. The Secretary was instructed to get information on the subject from the other states. Mr. Ogrinz, Finance Committee Chairman, presented a Budget for 1961 for \$28,500.00 which was approved. It was also decided to establish a Pension Fund and that \$1,500.00 should be set aside annually for that purpose. A report was given by Mr. Gluckstern, Chairman of the Pharmacy Committee on Telephone Directory advertising, returned prescription drugs and the use of generic drugs. Repairs to the Kelly Building was discussed. Finances and various expenditures were considered in detail. It was reported that two Pharmacy Bills had been introduced in the Legislature.

Kelly Building, February 9, 1961

A detailed Legislative report was given by Mr. Morgenroth. A report was given by the Nominating Committee. The Building Committee advised painting and fluorescent lighting was required at the Kelly Building and bids are being obtained. Speakers had been obtained for the Swain Seminar and it was well on its way. The dues plan questionnaire had been mailed to other state associations. Rebates on Medical Care Prescriptions came in for serious discussion. Other subjects discussed were: scholarship funds, wage and hour legislation, civil defense drug list, narcotic drug changes.

Turf Valley Country Club, April 13, 1961

Several important communications were read and discussed. The success of the Legislative Program and the Swain Seminar was fully reported by both Chairmen. Financial matters related to the Baltimore Metropolitan Pharmaceutical Association were discussed at length. A questionnaire was approved on Telephone Directory Advertising. It was decided to use \$1,000.00 for Pharmacy School scholarships for 1961-62. Rebates on Welfare Prescriptions were discussed. A report was given on the Governor's hearing on Senate Bill 5. The new Fair Competitive Practices Act introduced in the 87th Congress was explained.

Kelly Building, June 15, 1961

Nominees for the Maryland State Board of Pharmacy were considered. Bills for legal services were approved. It was decided not to consider an integrated dues plan for the time being.

This report is merely an outline of each meeting, which averaged about five hours per meeting. You can readily understand it would be impossible to render a complete report in the time allotted here. The complete record is available at the Association office for those who wish to see it.

It has been a privilege to have served you as Chairman of the Executive Committee. I also wish to express my appreciation to all the officers and members of the Executive Committee as well as to the Association staff for giving generously of their time and

efforts for the efficient operation of our very active organization, the Maryland Pharmaceutical Association.

REPORT OF THE BUILDING COMMITTEE

Herman B. Drukman, Chairman

The Building Committee met to examine the grounds and Kelly Memorial Building. Individual inspections were also made by members of the Committee during the year.

The following improvements were made recently:

1. Interior and exterior painting of the Building.
2. Installation of fluorescent lighting in the office area.
3. Minor carpentry repairs.
4. Repairs to the cement sidewalks.

Total expenditures amount to about \$2,200.00 which is available in the Kelly Memorial Building Fund.

The Kelly Building is maintained in an excellent manner through the part time service of a janitor. The Kelly Memorial Building Fund provides funds for repairs and improvements. Maintenance expenses are paid from the general funds of the Association. The Kelly Fund is maintained through \$2.00 being appropriated from each Active and Affiliate dues, and \$1,000.00 from the Baltimore Metropolitan Pharmaceutical Association. This year \$2,230.00 was deposited in the Fund. The Treasurer's Report includes the financial report of the Kelly Memorial Fund.

The Building Committee is pleased that the Kelly Memorial Building is serving the pharmaceutical associations and the profession of Pharmacy in exemplary fashion. It continues as an outstanding, dignified and impressive headquarters of Pharmacy in Maryland.

I would like to thank the members of the Building Committee for taking time from their own affairs to inspect the Building from time to time.

REPORT OF THE SCHOOL OF PHARMACY COMMITTEE

Frederic T. Berman, Chairman

Given By Stephen J. Provenza

The School of Pharmacy Committee met early in the season and decided that since this committee had started work on a Refresher Course the prior season, we felt it would be best that we combine our efforts with the newly appointed Robert L. Swain Seminar Committee and work toward the success of this undertaking.

Several combined meetings were held and the Robert L. Swain Seminar was completed as a very successful undertaking of the Maryland Pharmaceutical Association. It is this committee's hope that this seminar be a regularly scheduled affair and actually be

made the duty of the School of Pharmacy Committee instead of a separate committee.

Generally the committee co-operated with the faculty of the School of Pharmacy and a very amiable condition now exists.

The committee would like to recommend that in the necessary professionalization of the course in pharmacy that the School of Pharmacy examine the possibility of an extended course leading to a doctorate in pharmacy. Those students acquiring this degree would be a distinct asset to pharmacy and its professional claims.

May I state that it has been a distinct pleasure to serve in the capacity of chairman with this committee and may I extend my thanks for the always willing cooperation of Secretary Joseph Cohen and his staff and of Dean Foss and his faculty and particularly to the members and co-chairmen of my committee who were ever willing to join in when called upon for assistance.

REPORT OF THE PROFESSIONAL RELATIONS COMMITTEE

Stephen J. Provenza, Chairman

Mr. President, distinguished guests, fellow members of the Maryland Pharmaceutical Association and friends:

In November of last year we were invited to meet with Dr. A. A. Silver, chairman of the Medical and Chirurgical Faculty's Diabetic Detection Week committee. Instead of distributing Drypaks as in previous years, the group decided to establish a detection center at the 104th Medical Regiment Armory on West Fayette Street. A Clinician was obtained from the United States Public Health Institute to run blood sugar determinations. Chest X-Ray examinations were done by the Baltimore City Health Department. Eye tests and hearing examinations were given by the different health agencies participating. Hundreds of patients took advantage of the health tests made available to them. Wide publicity was given by the Baltimore Sun, the Hearst publications and the local and state radio and television facilities. Scores of volunteer workers and medical technicians from the various hospitals participated in this project which lasted from Monday to Friday. In Salisbury, Maryland a Diabetic Detection Center was established and carried out its program with Pharmacist Kraus participating.

There is every indication that we have successfully performed a community health service of which we can all be justly proud.

At our 1960 convention a resolution was passed advocating the formation of a State Council of Health organization to include representatives of the medical, dental, nursing, veterinarian and public health associations in addition to pharmacy. Work on this project progressed satisfactorily and meetings are to be held in the fall.

On April 26, 27 and 28 our Association and the Baltimore Metropolitan Pharmaceutical Association sponsored an exhibit at the Annual Meeting of the Medical and Chirurgical Faculty held

at the Alcazar on Cathedral Street in Baltimore. It was created by Charles J. Neun, Nelson Warfield and Aaron M. Libowitz—a fund of \$500. was voted to pay for the booth decorations and other incidental expenses. The theme was “75 Years of Professional Service”. Memo books were distributed and twelve apothecaries jars were given as prizes to those physicians registering. Informative booklets furnished by the Federal Narcotic Bureau in Baltimore on the new Federal Narcotic Regulations were distributed.

As in previous years our association was given exhibit space at the Annual Meeting of Maryland State Dental Association held at the Lord Baltimore Hotel on May 9, 10 and 11. Attention was called to the importance of prescription medication in dentistry, thus assuring the patient of exact dosages of drugs selected for his condition; and representing a careful, considerate and individualized service. Application blanks for Federal Narcotic permits were distributed to those dentists interested. As in previous years attention was called to the roll of the pharmacist who can prepare many formulas of preparations useful in the dental office at an appreciable saving in cost and more conveniently than through the dental supply houses.

Again your chairman was invited to appear before the third year dental class at the University of Maryland, School of Dentistry. Through the cooperation of the Schering Corporation, a comprehensive film entitled, “Prescription Writing for Dentists” was presented. It is a colored sound film lasting about twenty-five minutes and was made with the approval of the American Dental Association. A talk with a question period, on present dentifrices was presented by your chairman. Copies of the Maryland State Formulary were given to each member of the class. Dr. Edward C. Dobbs, professor of Dental Pharmacology presided at this meeting.

Your chairman presented a fifteen minute paper before the dental association the title being “Prescription Writing for Dentists”. The synopsis is as follows:

“It is the legal requirement that prescriptions be written for many of the important drugs that have come into modern dental therapy. The labels of such products introduced into interstate commerce bear the statement:

Caution: Federal Law prohibits dispensing without a prescription.” The Maryland and Federal law give the complete rights and privileges of writing prescriptions for necessary medication to the dental profession. Writing a prescription is an unrecognized obligation rather than merely a right. Systemic chemo-therapeutic procedures frequently are necessary adjuncts to manipulations, prostheses or local therapy. In the past, the act of writing a prescription for the dental patient often times has been an obligation unwillingly shirked.”

As many pharmacies are called by physicians to ascertain the names of medical representatives of the various drug manufacturers a list is being prepared by John F. Neutze of our commit-

tee. The following wholesalers: Calvert Drug Co., Loewy Drug Co., H. B. Gilpin Co. and Muth Bros. are sponsoring this work. Sometime soon as this list is completed, it will be mailed to the drug stores.

Legislation passed by the General Assembly at its regular session this year provides a new board of Health and Mental Hygiene to replace and assume the function of the old State Board of Health and Mental Hygiene Advisory Board, and the Mental Hygiene Board of Review. It consists of five experienced physicians, two of whom shall be experienced psychiatrists; one dentist and five members experienced in one of the following fields—dentistry, hospital administration, nursing, pharmacy, radiation control and sanitary engineering. Appointed for two year terms are: Dr. J. Douglas Sheppard, physician; Walter Kirkman, public administration; Dr. Leo Bartemier, psychiatrist and Dr. Lloyd M. Richardson, pharmacist. Those appointed to four year terms are: Dr. J. Edmund Bradley, physician; Harry H. Weiss, hospital administration; Dr. John C. Whitehorn, psychiatrist and Dr. Russell P. Smith, dentist of Cambridge. Governor Tawes named the following to six year terms: Dr. Aaron Dietz, physician; Cornelius W. Kruse, sanitary engineer; and Miss Ether Turner, nurse.

Mr. Herman W. Leitzow, vice president for marketing of Schering Corporation recently made some golden statements before a meeting of the University of Minnesota College of Pharmacy. He urged his audience "to get behind a full-scale public relations program to tell 'the full story of progress in American health' and to re-emphasize the professional character of drug store services to the public. Non-Pharmacy outlets are quite convinced of the dollar potency of drugs and as a result, each year more and more drug products are being pipelined through non-pharmacies. A call to alertness on this problem is needed and needed now, before the neighborhood pharmacy is lost in the shuffle. Drugs that are to wind up in the blood stream of our nation, cannot be treated as mere commodities. *They must be dispensed by a professional person with a knowledge of drugs.*"

A week ago at the crucial trial of the North California Pharmaceutical Association versus the Justice Department, the Federal Judge Louis E. Goodman, stated that if Pharmacy is a profession the court should keep hands off, but he did not see that the pharmacist was different than any other merchant and that "the sale of soap by a druggist" was no different than dispensing a prescription. Thus the judge's thinking is an image of what has been created the last fifty years by the front store activities of the American Pharmacies with the myriad sidelines. In the past our committee has enthusiastically recommended the installation of windows depicting the professional aspects of the retail pharmacy. Also taking part in the health and sanitation activities of the health professions. This is an unending project in which the Pharmacy must keep on participating.

In the past your chairman has advocated the establishment of a Bureau of Professional Relations at the University of Maryland, College of Pharmacy. It can be jointly financed by the Maryland Board of Pharmacy and the University of Maryland. The former receives fees for renewal and re-registration therefore, all registered pharmacists in the state support the project. The Maryland Pharmaceutical Association and the Medical and Chirurgical Faculty of Maryland can have a committee to function in an advisory capacity. The director of this Bureau has to be a full time paid pharmacist who can devote a great part of his time contacting physicians, dentists and pharmacists—presenting exhibits, and giving talks before groups interested in health subjects.

In conclusion, I wish to offer my personal thanks to Aaron M. Libowitz for his close cooperation and initiative. Since displays at conventions are of tremendous importance in this committee's work, we were most fortunate in having the service of the nationally famous display expert—Charles J. Neun. Other members who have greatly helped by attending the many night meetings and spending mornings and afternoons at our exhibits are the following:

Frank L. Black, Nelson Diener, L. M. Kantner, Nathan L. Gruz, co-chairman; Milton A. Friedman, David Lebson, George J. Stiffman, Charles E. Spigelmire, John F. Neutze, Jerome Mask, Wilfred H. Gluckstern, Gregory W. A. Leyko, Jerry Block, Sam Sheller, Joseph Combs, Donald Fedder, Nelson Warfield and Jerome J. Cermak.

Thank you for your attention and if there are any questions or comments, I shall be glad to hear them.

REPORT OF THE LEGISLATIVE COMMITTEE

Victor H. Morgenroth, Jr., Chairman

The 1961 Session of the Maryland General Assembly considered and resolved legislation that was of importance to Pharmacy in Maryland.

Although the Maryland Pharmaceutical Association did not introduce any legislation, it supported the programs of the Maryland State Department of Health and the Maryland Board of Pharmacy.

The Association also supported other legislation favorable to Pharmacy and retail druggists generally, as well as opposing detrimental legislation.

The 90 day Session was trying. It required alert, constant attention. Success was achieved through unity, preparedness and the conscientious work of many, under the guidance of Victor H. Morgenroth, Jr., Chairman of the Legislative Committee and the Legislative Steering Committee consisting of Francis S. Balassone, Aaron M. Libowitz and Alexander J. Ogrinz, Jr.

Following are the Bills that *passed*, were signed by Governor Tawes and became effective June 1, 1961:

Senate Bill 5:

Section 1. Be it enacted by the General Assembly of Maryland, That new Sections 266A and 266B, be and the same are added to Article 43 of the Annotated Code of Maryland (1957 Edition), title "Health," sub-title "Commisioner of Pharmacy," to follow immediately after Section 266 thereof and that a new Section 270A of the same Article and sub-title be added to follow immediately after Section 270 thereof, and to read as follows:

266A. Suspension and Revocation of Pharmacists' licenses.

(a) The Board of Pharmacy is hereby granted power and authority either to reprimand a pharmacist or assistant pharmacist or to suspend or revoke his license for any reason as hereinafter set forth by a unanimous vote of the members of the Board, after a hearing upon not less than twenty (20) days' written notice to such pharmacist or assistant pharmacist. The notice shall be given by registered mail directed to his last known address and shall contain and state the date, hour and place of hearing, the specific charges against the pharmacist or assistant pharmacist upon which evidence will be heard by the Board, and such other information as the Board shall deem proper. At the hearing, the pharmacist or assistant pharmacist charged is entitled to be present in person and with counsel of his own choice, to hear and examine the evidence presented in support of the charges, and to cross-examine adverse witnesses, and thereafter to present evidence and witnesses, and to testify in his own defense.

(b) Any person whose license has been revoked or suspended, within thirty (30) days from the date of the decision and order, or of any order denying an application for rehearing, may file an action against the Board of Pharmacy in the Circuit Court of the County or in the Baltimore City Court as the case may be, where the party resides, to vacate the order.

(c) The Board's power either to reprimand a pharmacist or assistant pharmacist or to suspend or revoke his license shall be for any of the following causes:

(1) Conviction of:

(i) A crime involving professional misconduct respecting the pharmacy and drug laws.

(ii) A crime involving the State Uniform Narcotic Drug Act or the Federal Narcotic Laws.

(iii) His addiction to the use of morphine, cocaine, or narcotics of any kind.

(iv) His knowingly, intentionally or fraudulently adulterating, or causing to be adulterated, drugs, chemicals, or medicinal preparations.

(2) procuring or attempting to procure, registration in Maryland as a pharmacist for himself or another by knowingly making or causing to be made false representations to the Board.

(3) Adjudication as an incompetent under the provisions of Article 59 of this Code.

(4) Paying rebates or entering into an agreement for payment of rebates to any physician, dentist or other person for the recommending of the services of any person.

266B. Certificates of renewal as required.

The Board of Pharmacy shall issue every two years a certificate of renewal, in such form and style as it shall deem proper, to every licensed pharmacist who is entitled thereto and who makes application therefor, these certificates shall be secured every two years on or before the last day of September upon payment of a fee of \$3.00. Any pharmacist who fails for any reason to register or re-register hereunder within the time prescribed shall pay an additional fee of \$2.00 for each renewal period that he shall fail to register or re-register.

270A. Permit for dangerous drugs.

(a) No jobber, distributor, wholesaler, or manufacturer shall sell, distribute, give or in any way dispose of dangerous drugs (as that term is defined in Article 27 of this Code, sub-title "Health—Dangerous Drugs") except to a licensed pharmacy, or to a physician, dentist or veterinarian or practitioner who may be authorized by law to dispense dangerous drugs in this State or to such other person who may be approved by the Board of Pharmacy; and no jobber, distributor, wholesaler or manufacturer shall sell, distribute, give or in any way dispose of dangerous drugs without first obtaining a permit to do so from the Board of Pharmacy. Such permit shall be subject to such rules as the Board of Pharmacy may from time to time adopt for the protection of the public health and safety. No person, firm or corporation in this State shall purchase or have in his possession any dangerous drugs except from a licensed jobber, distributor, wholesaler or manufacturer.

(b) The application for such permit shall be made on a form to be prescribed and furnished by the Board and shall be accompanied by the required fee of \$10.00 which amount shall also be paid as the fee for each renewal of such permit.

(c) Permits issued under the provisions of this section shall be exposed in a conspicuous place in the place of business for which it was issued; such permits shall not be transferable; shall expire on the last day of December following the date of issue and shall be renewed annually.

(d) Nothing in this section shall be applied or construed to affect the right of a manufacturer of dangerous drugs to sell

a dangerous drug to a licensed jobber, distributor, wholesaler or manufacturer.

(e) Any person, firm or corporation violating any of the provisions of this section, or of any permit under this section, or of any of the rules and regulations adopted by the Board of Pharmacy in administering the provisions of this section, shall be deemed guilty of a misdemeanor and upon conviction thereof, fined not more than fifty dollars (\$50) for each offense; and each and every day such violation continues shall constitute a separate and distinct offense; and upon conviction of the holder of a permit it shall forthwith be revoked and become null and void.

Farm, poultry and animal drugs and preparations are exempt from the provisions of this Section.

Senate Bill 75:

Section 1. Be it enacted by the General Assembly of Maryland, That a new Section 551A be and it is hereby added to Article 27 of the Annotated Code of Maryland (1957 Edition AND 1960 Supplement), title "Crimes and Punishments," to follow immediately after Section 551 thereof, and to be under the new sub-title "Shoplifting," and to read as follows:

Shoplifting

551A.

(a) In any mercantile establishment, it is unlawful for any person

(1) To remove any goods, wares or merchandise from the immediate place of display or from any other place within the establishment with the intent to appropriate the same to the use of the person so taking, or to deprive the owner of the use, or value, or any part thereof; or

(2) To obtain or attempt to obtain possession of any goods, wares or merchandise, by charging the same to a real person without the authority of such person, or to a fictitious person, with a like intent; or,

(3) To conceal any such goods, wares or merchandise with a like intent; or,

(4) To alter, remove, or otherwise disfigure any label or price tag with a like intent; or,

(5) To transfer any goods, wares or merchandise from a container in which the same shall be displayed or packaged to any other container with a like intent; and any person committing any of the acts mentioned is guilty of shoplifting.

(b) Any person who aids or abets in the commission of any of the acts set out in subsection (a) is guilty of shoplifting.

(c) A merchant, agent or employee of the merchant, who detains or causes the arrest of any person shall not be held civilly

liable for detention, slander, malicious prosecution, false imprisonment or false arrest of the person so detained or arrested, whether such detention or arrest takes place by such merchant, his agent or employee, provided that in detaining or in causing the arrest of such person, the merchant, agent or employee of the merchant, had at the time of such detention or arrest probable cause to believe that the person committed the crime of shoplifting as defined in Section 551A.

(d) Every person convicted of the crime of shoplifting to the value of \$100.00 or upwards, or as accessory thereto before the fact shall be deemed guilty of a felony and shall restore any goods, or things taken, to the owner or shall pay him the full value thereof, and shall be fined not more than \$1,000.00 or be imprisoned in the Penitentiary for not more than three years. If any person shall be convicted of the crime of shoplifting under the value of \$100.00 he shall be deemed guilty of a misdemeanor and shall restore the goods and chattels so taken, or pay the full value thereof to the owner thereof, and be fined not more than \$100.00 or imprisoned for not more than eighteen months in the House of Correction or Jail, or both fined and imprisoned.

Senate Bill 363:

Reinstatement of Physician, Dentist, Pharmacist, Veterinarian Drug Addicts.

This Bill allows each professional board stated, upon favorable evidence, to reinstate the practitioners of the respective professions named to be allowed to practice under probation of the board.

House Bill 737:

Reorganization of the Health Department

Through the efforts of the Association, Pharmacy is assured representation on the new Maryland State Board of Health and Mental Hygiene.

House Bill 952:

Advertising Dangerous Drugs

Section 1. Be it enacted by the General Assembly of Maryland, That Section 311 of Article 27 of the Annotated Code of Maryland (1957 Edition), title "Crimes and Punishments," sub-title "Health - Dangerous Drugs," be and it is hereby repealed and reenacted, with amendments, to read as follows:

311. (a) The provisions of this subtitle shall apply to the sale by any manufacturer, wholesale druggist, retail pharmacist, or jobber of dangerous drugs, to any person, firm, corporation, association other than those legally qualified and authorized to purchase and hold same for use or resale, and to any practitioner's assistant who is not legally licensed to administer dangerous drugs.

(b) No pharmacist or pharmacy shall be permitted to advertise through any media other than a professional or trade publication any dangerous drug by either its "trade name" or by its generic or formulary name.

(c) The provisions of this sub-title shall not apply to the sale or offering for sale, or distribution of drugs, devices or supplies of any kind whatsoever for the treatment, care or cure of farm animals, poultry, fowl, or other animals used in furtherance of farming activities, providing further that the provisions of this sub-title shall not apply to the sale or offering for sale, or distribution of seeds, feed for livestock and poultry, fertilizers, lime, land plaster, fungicides and insecticides, nor to apply to any drug which on June 1, 1961, may be sold without a prescription.

These Bills Did Not Pass:

Senate Bill 6:

This bill attempted to give the Division of Drug Control authority to declare dangerous drugs to be sold on prescriptions only; to prohibit the advertising of dangerous/prescription drugs; and to prohibit the sale of drugs and devices by itinerant vendors. At a Senate Judicial Proceedings Committee hearing only one opponent appeared against the bill—he represented the door-to-door peddlers. Some members of the Senate Committee spoke out against the bill. The bill died in committee. (The advertising clause of this Bill was introduced as H. B. 952, passed and signed.)

Senate Bill 294:

Anti-Monopoly Act

This bill was introduced by Senator Baer. Because it would affect the status of Fair Trade contracts, Senator Baer was convinced of the dangers involved. The bill died in committee.

Senate Bill 493:

To Repeal Fair Trade in St. Mary's County.

Senator Dorsey introduced this bill to exempt St. Mary's County from Fair Trade on Drugs. A hearing was requested before the Senate Judicial Proceedings Committee which was not granted. The bill passed the Senate but was blocked in the House of Delegates by a flood of telegrams and letters protesting it and asking for a hearing. The bill died in the House Judiciary Committee. Such an exemption would destroy Fair Trade in Maryland as it would affect adjoining counties and eventually spread to other counties.

Forms, applications and other pertinent information will be furnished to all those affected by the foregoing enacted legislation by the Maryland Board of Pharmacy and/or the Maryland State Department of Health.

The Maryland Pharmaceutical Association wishes to express appreciation to the many individuals and Pharmacy organizations in the State who cooperated in the overall 1961 Legislative Program.

At the last meeting prior to this Convention, the committee was pleased to hear from their newest member, Bob Welch. A plan of political action which is deserving of profound study for future action. This plan calls for foresight and forthright courage to be carried out and if it is done in the proper manner with courage and conviction, we can only go forward as a professional association.

Appreciation is due so many individuals that to enumerate them would take all afternoon. For coordinating all the efforts, our Secretary Joe Cohen, deserves a special "Thanks." Counsels for the Association, Messrs. Kaufman and Melnicove—another "Thanks," and of course to all the members of the Association who have made the program a success.

From me to all of you "Thank You Sincerely."

REPORT OF THE SPEAKERS BUREAU

Victor H. Morgenroth, Jr., Chairman

After a rather frustrating start, I think the Speakers Bureau is at last off the ground. President Goldfeder requested your chairman to formulate this bureau after the 1960 Convention. With the help of several devoted members and our Secretary, this was done.

Service Clubs were contacted. P.T.A.'s were approached and as a result of a joint effort, I wish to report that Aaron Libowitz, Charles Spigelmire, Joseph Cohen, Donald Fedder, Nelson Warfield and your Chairman have made speeches and given several demonstrations of household substances and poisons and their antidotes to service clubs in Glen Burnie, Gardenville, Catonsville, Dundalk and other points around the state. In the service club speeches, we have tried to carry the message of prescription prices and their fairness and equality in the market place. Its success will depend largely I think on the continued effort of this committee.

To the members I have mentioned an especial note of gratitude and to all who have helped arrange any and all meetings, a sincere "thanks."

REPORT OF THE MEMBERSHIP COMMITTEE

Solomon Weiner, Chairman

The Membership Committee is pleased to report an increase in the Active membership of the Maryland Pharmaceutical Association. The Affiliate membership remains the same, and there has been a slight decrease in the Associate membership.

Personal solicitation was continued after the 1960 Convention, and letters were sent to all delinquent members before the end of the calendar year urging payment of dues. The same procedure will be followed after this Convention.

It should be remembered, dues are paid on a calendar year basis — January 1st to December 31st, whereas the fiscal period of the Association ends May 31st. The Membership Committee therefore continues to function after the Convention. This also

accounts for showing membership status at Convention time and at the end of the calendar year.

At the end of December, two letters were mailed with dues bills included — one type of letter to members and another type to non-members.

Lists of delinquent and non-members have been prepared for distribution to members of the Membership Committee. Solicitation of members shall continue on a District basis.

As has been the custom, the Association presented complimentary Associate memberships to the graduating class of the University of Maryland School of Pharmacy for the balance of the year. A special letter was sent to the 1960 graduates of the School of Pharmacy asking them to continue their membership.

The membership figures are as follows:

	<i>Active</i>	<i>Associate</i>	<i>Affiliate</i>	<i>Totals</i>
Convention 1960	512	244	18	774
December 31, 1960	547	259	18	824
Convention 1961	546	227	18	791

Please note that the Active members at Convention time 1961 are 546 and the total as of December 31, 1960 was 547, a difference of only one member. There is a minus of 17 Associate members. I feel confident the deficit in Associate members will be overcome and that the Membership of the Association will hit an all time high.

The Membership Committee met with the Finance Committee to consider the feasibility of a state integrated dues plan — one dues collection for local associations and the Maryland Pharmaceutical Association. Because many areas of Maryland do not have local associations, the joint committee felt the local organization activity should be explored before such a plan is considered.

It is estimated, there are approximately 1500 pharmacists in Maryland. On this basis, our membership represents about 54%. In my opinion, this should be 90%. Such a low figure reflects upon professional interest and stature.

It should be pointed out that by February 1 of each year about 50% of the members have paid their dues, which of course is payable in advance. About 25% pay by May 1, and the remaining 25% during the balance of the year. There would be a great saving in time, effort and expense if all would remit their dues promptly, upon receipt of their dues bills.

The Membership Committee and the Association staff needs the assistance of all officers and members at large to contact every pharmacist to join the Association. In addition, executives of firms calling upon pharmacies should be solicited for Affiliate membership. The representatives of firms calling upon you are eligible for Associate membership.

My sincere thanks to all of you who have worked on behalf of the Association membership and the office staff.

REPORT OF THE COMMITTEE ON CIVILIAN DEFENSE**Gregory W. A. Leyko, Chairman**

Of immediate interest concerning pharmacists, has been a questionnaire, that has been sent to all pharmacies in the State of Maryland. It concerns the pharmacy stocks of critical survival items, in each individual store. The Division of Drug Control, was asked to obtain this information. I'm sure you can appreciate the importance in gathering data of this nature. Two requests have been mailed out—it is urgent that everyone report their inventories. If this has been overlooked by any of you, please make every effort to get your inventory in at once.

Another item of great importance has been, the printing of an Information Bulletin, by the Office of Civil and Defense Mobilization. This bulletin contains significant articles from the Civil Defense Edition of the American Pharmaceutical Association, reprinted with the permission of the A. Ph. A. Journal. The titles of the articles are as follows:

1. **Pharmacy in Civil Defense**
by L. A. Hoegh
Head of the Federal Civil Defense Administration
2. **Health Mobilization Program of the Public Health Service**
by Dr. C. J. Wagner
Chief of the Public Health Service, Division of Health Mobilization
3. **Health Resources**
by A. H. Dodge
Chief of Health Resources, Division of Public Health Mobilization
4. **Training and Education**
by J. M. Michael
Chief of Training Branch, of the Public Health Service
5. **American Association of the Colleges of Pharmacy and Civil Defense**
by C. I. Cooper
Dean of Howard University College of Pharmacy
6. **Disaster Preparedness and the American Society of Hospital Pharmacists**
by Ludwig Pesa
Director of the Belleville, New Jersey Civil Defense and Disaster Control
7. **Pharmacists in Civil Defense**
by A. H. Einbeck
Director of Civil Defense, for West New York, New Jersey
8. **The Pharmacist in Disaster**
by J. E. Preston
Chairman California Pharmaceutical Association
Civil Defense Committee

9. Emergency Planning

by P. M. Sullivan

Chief of Civil Defense Emergency Welfare Service

All these articles describe in depth the pharmacist's role in civil defense as well as various aspects of Health and Health Disaster programs. Now, as I have reported before, a great deal of work would have to be done in order to meet these requirements and implement Civil Defense Units with pharmacists in this state. I therefore suggest, that the executive committee of the Maryland Pharmaceutical Association make a study of just how much manpower and money would be necessary to truly activate a Civil Defense Committee for the Maryland Pharmaceutical Association.

REPORT OF THE COMMITTEE ON PUBLIC RELATIONS**Charles E. Spigelmire, Chairman**

Mr. President, Guests, Fellow Members of the Maryland Pharmaceutical Association, and you lovely ladies who always make these meetings so interesting:

The public must be convinced that the "well informed pharmacist is the best single individual to disseminate information about health." Whether it pertains to the individual, family, community, nation, and the world or in terms of the past, present and future.

Thus, an informed public is the most effective weapon in the control of health problems. For it is only when every person understands the need for action that he will seek the periodic health check up; the need for cooperating with health agencies and the advice of professional people. The present day pharmacist should also be informed of the action being taken to solve these health problems. With attention focused upon his own responsibilities as a professional and the interrelationship which exists among the different professions.

The pharmacist's concept of health education is the process of imparting information about health in such a way that the recipient is motivated to use that information for the protection or advancement of his own or his family's health. It is fundamentally a learning process pharmacists emphasize in talking with people not to "do it yourself" when it comes to personal health problems but to seek competent professional advice.

Drugs and medicines are perhaps the most essential of all our necessities. They constitute the one category of goods which the American consumer cannot forego. He can put off buying clothing, a new automobile or even reduce the quality of his food, but if his health, and particularly the health of his children requires expensive drugs and medicines, he must in some way purchase them regardless of the cost or privation.

Your Public Relations Committee firmly believes that many of the ills which have beset pharmacy in the past and which continue

to belabor it in the present have been brought about by a lack of understanding and a lack of efficient and intelligent publicity. We felt our problem was one of education rather than alibis. With this thought in mind we developed our publicity with the thought of correcting some of the critical and erroneous opinions held about us.

We realized fully well that independent pharmacy was facing the sternest kind of vigorous competition from all sides and sources. All of us know there are many different ways of facing competition but there is only one way to beat it, that is to induce the general public to give the independent pharmacist more of drug dollars than anyone else. With these thoughts in mind, we used every word, every phrase and every thought at our command to continuously tell the public that the independent pharmacist was truly their friend and best neighbor.

I shall try to eliminate repetition in my report as much as possible. It will be concise and brief but at the same time I shall endeavor to give you a complete resume of our activities during the past year. I do believe that the mind can absorb no more than the seat can take. During the past year, your Association had no weekly television program because we could not sell any of the television stations the idea that they should give us this valuable time. We were able to obtain some time for special pharmaceutical activities.

We received fifteen minutes radio time on station WCAO once a week. Due to this program being under the public service category, our program is changed occasionally. At the present time, it is presented on Sunday nights at 10:30 P.M. This program acquaints our audience with the new products of pharmacy and their many uses. It gives them a keen insight into the tremendous research work being done by our great pharmaceutical manufacturers. We give them many thoughts and ideas which will protect their health and make life more pleasant. We strive continuously to let the public know that the independent pharmacist is ever ready day or night to supply the essential drugs and medicines that speed the difference between life and death. I should like to thank Mr. Byron Millenson, Mr. Charles Purcell and Mrs. D. Smyth of station WCAO for their cooperation and encouragement.

Our city organization, the Baltimore Metropolitan Pharmaceutical Association enjoys the advantages of a very comprehensive daily radio program on station WITH. This program is devoted exclusively to explaining what an important part pharmacy plays in human health and welfare. This program also gives the listening audience any important and pertinent facts regarding new pharmaceutical products. For their kindness and generosity we wish to thank Mr. Robert C. Embry and Mr. Jack Parks of station WITH.

In a sincere effort to obtain additional publicity for you and our Association, we were always able to obtain complete newspaper coverage for important pharmaceutical activities occurring throughout the year.

During the past year, the Public Relations Committee was called upon frequently to make telephone calls in an effort to insure success of some particular meeting or activity. Your committee felt this type of cooperation was most effective in combating some of the advertising used by drug discount houses in national magazines. We felt it was an important factor in arousing interest among our members in our important legislative program during the past year. The telephone calling work was always handled by members of this committee during their spare time, and at their personal expense. Never once did one of these men complain that they were being imposed upon, but gave generously of their time and effort in making the hundreds of calls necessary. We did our best to demonstrate that the independent pharmacist could function as a cooperative and cohesive unit.

During the past year your Speakers Bureau continued to function under the aggressive leadership of its Chairman, Victor H. Morgenroth, Jr. It gives me pleasure to report that members of your Public Relations Committee were most happy and delighted to cooperate with this committee whenever they were called upon to do so. It was a real privilege for us to help give the people a true picture of the profession of pharmacy.

Our work during the past year was not that of any one individual, but rather the culmination of a cooperative effort of many many wonderful people. It has had its headaches and heartaches but the magnificent spirit exhibited by this committee made the heavy burden seem light. The brilliant results obtained in our work due to the untiring efforts of everyone who gave unstintingly of their time and ability whenever they were called upon to help. I want to thank my co-chairman Samuel Portney for his ideas and encouragement. I want to particularly commend our Secretary Joseph Cohen. For their kindness and cooperation I sincerely thank Patricia Piontek and Geraldine Novotny.

While we function primarily as a Public Relations Committee, it much be remembered that we are always happy to cooperate with any group or committee that needs assistance in bringing independent pharmacy to the attention of the public.

Some of you may be critical, some of you may be disappointed in our Public Relations program, but please remember this, in Public Relations as in everything else you get exactly what you pay for. There is always room for improvement, but I don't think we are doing too bad as a poor orphan of the radio, television, and newspaper worlds.

If pharmacy is to enjoy the place in the sun it rightfully deserves, every pharmacist must give a superb performance every hour of every day before a highly sophisticated public. This will not be easy, but the stakes make the effort worthwhile. Unless the public can be made to properly appreciate pharmacy, pharmacy and the public will suffer irreparable losses. And you standing all alone, facing a critical public, must save yourself and pharmacy.

You and I are in pharmacy up to our neck. That is the same place a rope can hang you. We cannot just wait for the sheriff to cut the rope and tell the people they need us and that we "deserve public approval and confidence." We must prove our own case and quickly.

Remember — He that plants thorns must never expect to gather roses.

Thanks to all of you for being so nice to me.

REPORT OF THE PUBLICATIONS COMMITTEE

B. Olive Cole, Chairman

The Publications Committee concerns itself with the publication of the Maryland Pharmacist, official monthly publication of the Maryland Pharmaceutical Association.

The Committee held one meeting during the year to evaluate the Maryland Pharmacist and to consider ways and means of improving the magazine.

Format, advertising, publication expense, date of publication, an index and development of departments were discussed.

The Publications Committee for 1961-62 should give consideration to expanding the editorial staff and adding feature stories and articles. Naturally, the principal editorials should be written by the Editor, but other members vitally interested in the publication should be willing to assist in writing timely articles of interest to pharmacists. For some time Dr. Benjamin F. Allen of the School of Pharmacy has contributed a scientific article for practically each edition. The Baltimore Metropolitan Pharmaceutical Association The Alumni Association of the School of Pharmacy, the TAMPA and the LAMPA record their special activities in the Maryland Pharmacist and notes on past history of pharmacy in Maryland have been published occasionally. Many things of pharmaceutical interest revolve around the School of Pharmacy, and a definite page or pages from the School would likely be of interest to faculty, alumni and students.

At the meeting it was disclosed that publication cost had risen to such a point it was necessary to review advertising rates. It was also disclosed that our rates were lower than comparable pharmaceutical publications. As a rule, \$3000.00 is derived as an annual income from the Maryland Pharmacist. This year it was only \$2000.00. The financial status of the Maryland Pharmacist is included in the Treasurer's Report.

Improvements are always in order. We must remember however that we are limited in revenue and as a small state, rates must be held down to attract advertisers.

The original members of the Publications Committee for 1960-61 were listed as:

B. Olive Cole, Chairman

Milton Sarubin, Co-Chairman

Joseph U. Dorsch
John F. Wannenwetsch
Paul Resnick
Herman M. Kling
L. M. Kantner
Frank L. Black

Later the President added the following as members of the Committee:

Alexander J. Ogrinz, Jr.
H. Nelson Warfield
Milton A. Friedman
Norman J. Levin
William A. Cooley, Cumberland.

A meeting was called for November 10, 1960 at the Kelly Building, and although the attendance was disappointing, as a result of the discussions at this meeting it was decided to retain the format of the magazine, to change the cover, to include an index, to set up a Board of Pharmacy page and to make an effort to improve the publishing date.

The Executive Committee of the Association should impress upon the Publications Committee selected for 1961-62 the opportunities and obligations of the Committee to bolster the work of the Editor by assisting in making the publication a greater success, both financially and professionally.

However, in spite of its shortcomings, the Maryland Pharmacist ranks as one of the leading publications of the state pharmaceutical associations, thanks to its Editor — Joseph Cohen.

REPORT OF THE PHARMACY WEEK COMMITTEE

Milton A. Friedman, Chairman

The National Pharmacy Week Committee of the Maryland Pharmaceutical Association considers the promotion of National Pharmacy Week to be the most important single undertaking which this Association supports in behalf of Pharmacy as a profession.

I am pleased to report, therefore, that we in Maryland this year gave the widest possible promotion to this effort. National Pharmacy Week was proclaimed by the Governor of the State, and this proclamation was immediately followed by similar ones from the Mayor of Baltimore and many town mayors and county commissioners from the Eastern Shore to the western boundaries of the State. Photographs of the signing of these proclamations appeared in many local newspapers and in the papers of Baltimore.

Telops and radio announcements appeared regularly throughout the week over stations WBAL, WMAR, WJZ, WAYE, WITH, WWIN, WCAO (all in Baltimore), and over WTOP, WCUM, WTBO, WICO, WBCO, WTDY, WARK, WCBM, WASA, and other stations throughout the counties of the State. Live tape recordings of

practicing Pharmacists were broadcast into the homes by WCAO throughout the week of October 2-8, inclusive. Radio station WAMD devoted its program, "Coffee with Gene" to an interview with a member of our committee.

The newspapers of the entire State were most cooperative in featuring National Pharmacy Week both editorially and with news releases. The committee was able to arrange a number of newspaper advertisements featuring the A.Ph.A. mat on National Pharmacy Week, thanks to the sponsorship of local pharmacists in many communities.

A large number of public displays were again set up in libraries, banks and hospitals in both Baltimore city and in the counties. The committee encouraged special window displays by our membership, and we enjoyed splendid cooperation of the wholesale drug distributors through the use of their weekly house organ bulletins. The major window display houses were enlisted in a promotional program for window displays at a nominal fee. With the assistance of the major drug manufacturers, we were able to get all local detail men "to talk Pharmacy Week" to the retail pharmacists of the State. A special display was set up at the annual Baltimore Drug Show to encourage every pharmacy to promote National Pharmacy Week. We believe this helped sell our promotion, and National Pharmacy Week was a huge success in Maryland.

The winners of the window displays were:

First Prize—Milton A. Friedman—Harris' Pharmacy—Baltimore, Maryland

Second Prize—Read Drug & Chemical Co.—Harundale, Md.

Third Prize—Stephen J. Provenza—Medical Arts Pharmacy—Baltimore, Maryland

REPORT OF THE PHARMACY COMMITTEE

Wilfred H. Gluckstern, Chairman

The Pharmacy Committee of the Maryland Pharmaceutical Association met several times during the year. Several courses of activity were suggested to follow, however it was decided to undertake the project of possibly eliminating telephone book advertising under the classification of "Pharmacists".

It was felt that the first step necessary was to determine the individual feelings of the pharmacists of Maryland as regards this subject. This was to be done in the form of a questionnaire. After the questionnaire was prepared, it was submitted to the Executive Committee of the Association for approval.

Acceptance was forthcoming and the questionnaire was mailed to every pharmacy in the State. The response was gratifying and the results are noted below. On the basis of the results of this survey, it was recommended that this committee continue its activity on this project during the following year.

Telephone Directory Advertising Questionnaire Report

The questionnaire was sent to 632 drug stores in the State of Maryland. This figure does not include chain stores with the exception of one questionnaire being sent to the main office of the Peoples Drug Stores and Read Drug & Chemical Company. Out of the 632 stores, 291 stores replied. A 46% return.

Following is a breakdown of the results of the questionnaire:

1. Do you now advertise (other than normal listing) in the Yellow Pages of the telephone directory?
YES—159—55%
NO—132
2. Does the name of your pharmacy appear in bold type in either the regular or Yellow Pages of the telephone directory?
YES—207—71%
NO—85
3. Do you feel the professional status of Pharmacy would be raised in the eyes of the public if the "Pharmacies" section of the Yellow Pages contained no advertisements or bold type, but listing similar to Accountants, Dentists, Lawyers, Physicians?
YES—191—68%
NO—89
4. If you now advertise or use bold type, would you be willing to discontinue if such a policy was adopted statewide?
YES—208—90%
NO—21
5. Do you think telephone directory advertising increases prescription or commodity business?
YES—85
NO—186—70%
6. If you do not now use telephone directory advertising, would you avail yourself of it if it would be offered to you as a free service?
YES—89—56%
NO—69

REPORT OF THE ROBERT L. SWAIN PHARMACY SEMINAR COMMITTEE

Alexander J. Ogrinz, Jr., Chairman

The first Robert L. Swain Pharmacy Seminar was held at the University of Maryland Health Sciences Library in Baltimore on March 23, 1961.

The Annual Dr. Robert L. Swain Pharmacy Seminar was established by the Maryland Pharmaceutical Association with a twofold purpose in mind.

First, to recognize the many years of service Dr. Swain has devoted to the profession of Pharmacy. Secondly, the Maryland Pharmaceutical Association is striving to bring to pharmacists

and the allied drug industry, information of interest to all segments of the profession and the industry. Changing conditions and practices demand we meet in open forum to obtain information and discuss pharmacy problems with experts. The Swain Seminar will provide such an opportunity annually.

Since this was our first attempt to hold a seminar after an elapse of several years, the committee decided to make a thorough study of the success and failures of other seminars. Information was gathered and inquiries made. Three full committee meetings were held followed by several conferences.

It was decided to hold a one day seminar beginning at 8:30 A.M. with registration and concluding at 4:30 P.M. Time was allowed for recesses and lunch which was served at the University of Maryland Baltimore Union Cafeteria.

The morning session of the program was devoted to the study and application of Psycho Therapeutic Drugs. The afternoon session was devoted to laws affecting the practice of Pharmacy and included Anti-trust, Food and Drug, and Narcotic regulations.

The Seminar was attended by more than 200, which included retail and hospital pharmacists; pharmacists in industry, selling and enforcement, and students and faculty of the University of Maryland School of Pharmacy. Certificates were presented to those who attended both sessions.

Although the Seminar was underwritten by the Maryland Pharmaceutical Association, it was practically self supported through a modest registration fee of \$5.00. The School of Pharmacy did not contribute financially, but did cooperate in making arrangements and setting up the program.

I wish to thank my entire committee for their cooperation and participation. I want to express particular appreciation to Dr. Noel E. Foss, Dean of the School of Pharmacy; Dr. Casimir T. Ichniowski, Professor of Pharmacology University of Maryland School of Pharmacy; Francis S. Balassone, Chief, Division of Drug Control, State of Maryland; and Secretary Joseph Cohen for the parts they played in making the Swain Seminar an outstanding success.

I, of course, was proud to have served as the first Chairman of the Dr. Swain Seminar Committee. I hope it will be a perpetual function of the Association and recommend it be given such status by amendment to the Constitution and By-Laws of the Association.

REPORT OF THE GRIEVANCE COMMITTEE MARYLAND PHARMACEUTICAL ASSOCIATION

Gordon A. Mouat, Chairman

The Grievance Committee was established as a standing committee of the Association at the 1960 Convention.

It was created to reconcile public, interprofessional, and intra-professional complaints brought against the practitioners of Phar-

macy. Many of the problems falling into the function of the Committee are handled by the Association Office as a matter of day to day routine.

The Grievance Committee met on November 10, 1960 to establish and understand its purpose and to determine a policy of functioning. It was agreed that all complaints that required committee review would be brought to the attention of the full committee, and subcommittees would be appointed, where necessary, to investigate area and personal complaints. It was further agreed that the committee would only consider grievances that were brought to its attention.

I am pleased to report that the committee was not called upon to meet this year and no grievances were called to its attention.

CONCLUSION

President Goldfeder concluded the First Session with a commendation to all Chairmen and their committee members for the excellent work accomplished and for the fine reports rendered. The President emphasized the importance of participation and prompt attendance at all meetings. He stated that since the next day was the Fourth of July, the business session would be concluded promptly at 2:00 P.M. He announced that "Early Bird" attendance prizes would be awarded promptly each morning.

The First Session was adjourned at 4:50 P.M.

SECOND SESSION

Tuesday, July 4

The Second Session of the 79th Annual Convention of the Maryland Pharmaceutical Association was called to order in Kerry Hall by President Harold M. Goldfeder at 10:00 A.M.

President Goldfeder asked those present to rise for the Invocation by William A. Cooley:

"Our Heavenly Father, we ask Thy blessing as we preside over this meeting. Help and guide us in our efforts on behalf of our fellow pharmacists in our state and nation. Make us steadfast in the performance of our duties. Bless our speakers and our guests. We ask in Thy name. Amen."

Jerome J. Cermak was the winner of the "Early Bird" attendance prize.

President Goldfeder called for communications and telegrams were read from Lloyd N. Richardson, David Estrin and William S. Apple.

President Goldfeder introduced Mr. Efriam Sless, a personal friend and a New Jersey pharmacist, who brought greetings from

Atlantic City's Mayor Joseph Altman. Mr. Sless extended a warm welcome on behalf of Mayor Altman and presented President Goldfeder a key to the City. Mr. Goldfeder expressed his appreciation to Mayor Altman and to Mr. Sless.

President Goldfeder then called on Dean Noel E. Foss for the report on the University of Maryland School of Pharmacy which follows:

REPORT OF THE SCHOOL OF PHARMACY

by Dean Noel E. Foss

This report deals with the fiscal year of the University of Maryland, namely, July 1, 1960 to July 1, 1961.

Enrollment

The enrollment at the beginning of the 1960-61 fiscal year was as follows:

Baltimore:

Sophomores	68
Juniors	55
Seniors	38

Total Undergraduates	161
Specials	2
Graduates	46

Total Enrolled in Baltimore 209

College Park:

First Year	78
Second Year	2

Total Enrolled in College Park 80

The total number of Veterans enrolled the first semester in Baltimore was 15.

The number of undergraduate girls enrolled in Baltimore was 19 and at College Park 13.

The total number of students graduated in June 1961 was 35.

Of the 80 students enrolled at the College Park campus of the School of Pharmacy, 3 were from out-of-state, 38 from Baltimore City, 13 from Baltimore County, 13 from Prince Georges-Montgomery County, and the remaining 13 from 9 other counties and the District of Columbia.

Recruitment of Students

The Careers in Pharmacy Committee of the Alumni Association, under the able leadership of Mr. H. Nelson Warfield, continued its plan of visiting high schools, talking to students and making other contacts. In addition, on November 9th, 1960, 44 guidance

counselors and principals representing 23 high schools in Maryland, were guests of the Alumni Association, the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association at a dinner held in The Baltimore Union. Several Counselor Supervisors were also in attendance. Prepared kits of literature and information on Careers in Pharmacy were distributed to all who attended this dinner meeting. Representatives from the President's office and the Admissions office of the University were also present. Dr. W. Paul Briggs, Executive Secretary of the American Foundation for Pharmaceutical Education, delivered an address outlining the opportunities for students who choose pharmacy as a career. Another guest was Mrs. Marjorie Coghill, Special Assistant in the Division of Communications of the American Pharmaceutical Association, who is in charge of its Careers in Pharmacy program. Mrs. Coghill published a summary of this event in the A.Ph.A. Journal and it appeared in other major drug news publications.

On May 9, 1961, Dr. Dorothy Speer, Counselor for Adults, Baltimore Public Schools, held a workshop for a group from the Baltimore City School system in the Auditorium of our Health Sciences Library. A representative was present from each of the professional schools on the Baltimore campus. After the presentation of informative addresses by a faculty member from each of the health science schools, the group was divided for tours of the respective schools, and 11 members of the group toured the School of Pharmacy. Literature pertaining to the respective schools was distributed.

The School deeply appreciates the continued support and cooperation of the many members of the pharmaceutical organizations for their assistance in recruiting.

Scholarships and Loans

The School of Pharmacy would again like to express its appreciation for the continued support of the donors of the respective scholarships, namely, Alumni Association of the School of Pharmacy, Alumni Association of the University of Maryland, Maryland Pharmaceutical Association, Noxzema Foundation, Read's Drug Stores Foundation, Inc., Carroll Chemical Company, the Prince Georges-Montgomery County Pharmaceutical Association, A. M. Lichtenstein Scholarship and the American Foundation for Pharmaceutical Education. It is a pleasure to announce that the Ladies' Auxiliary of the Prince Georges-Montgomery County Pharmaceutical Association has established for 1961-62 a scholarship for a student who has maintained a superior scholastic average and who is in need of financial aid.

The University of Maryland, along with many other universities and schools, continued to participate in the National Defense Education Loan plan established by the Federal Government for worthy students in need of financial aid. As in the past, students in the School of Pharmacy shared in these loan funds.

Honors and Awards

As announced last year, the family of the late Manual B. Wagner, i.e., Mrs. Sadie S. Wagner and her daughter Phyllis Wagner Brill, has established a memorial fund in memory of the late Manual B. Wagner and Howard Wagner, both of whom were loyal alumni of our School. The income from this fund is to be used to award annually a prize to a senior student for meritorious academic achievement in pharmaceutical jurisprudence. This award will be made for the first time in June 1962.

At the first all University Honors Convocation held in College Park in October 1960, I am pleased to report that 14 students enrolled in the School of Pharmacy in Baltimore were recipients of certificates indicating that they had earned a 3.5 grade point average (3.0—B; 4.0—A). The parents of the students as well as a large number of friends were invited to the Convocation and the reception which followed.

Faculty

Dr. Nicolas Zenker, who earned his Doctor of Philosophy degree at the University of California, joined the staff as Assistant Professor of Chemistry effective July 1, 1960. Dr. Zenker offers the courses in biochemistry and pharmaceutical testing and assaying.

Dr. Leslie C. Costello was promoted to Associate Professor of Anatomy and Physiology effective September 1, 1960.

Mr. Joseph S. Kaufman again offered the course in Pharmaceutical Jurisprudence during the second semester of 1960-61.

Mr. Paul P. Miller, M.A., The Johns Hopkins University, was appointed as Lecturer and offered the course in Calculus to our senior students.

Two post-doctoral fellows and two National Science Foundation Cooperative fellows joined the Chemistry Department during 1960-61.

At the termination of the first two years of the four year program, Dr. G. B. Estabrook, Professor of Physics, will be transferring to the Physics Department at College Park, effective September 1, 1961.

Miss Georgianna S. Gittinger, Instructor in Pharmacology, is retiring from the University on July 31, 1961, after twenty-five years of faithful service. All of us in the School of Pharmacy, including both faculty and students, are grateful for her many contributions and service during these years and we will all miss her.

Graduate Program

The total enrollment in the Graduate Division in 1960-61 was 46 students. During the year 3 students received the Master of Science degree and 1 student completed requirements for the Doctor of Philosophy degree.

The graduate program in pharmaceutical chemistry has continued to receive substantial aid from sources outside of the University.

An attractive brochure describing the graduate program was prepared this past year and will be ready for distribution this fall.

Mr. Arvin P. Shroff, Fellow in the Chemistry Department, received honorable mention in the Lunsford Richardson Pharmacy Awards contest for a research paper submitted in competition with papers from other schools of pharmacy throughout the country. We are pleased to report that this is the third time in the last four years that a student in the University of Maryland School of Pharmacy has participated in these awards.

Faculty Activities

Dean Noel E. Foss attended the Annual Convention of the Maryland Pharmaceutical Association in Atlantic City in July 1960.

Dean Foss attended the annual convention of the American Association of Colleges of Pharmacy and the Conference of Pharmacy Teachers in Boulder, Colorado, in July 1960.

Drs. Benjamin F. Allen and Ralph Shangraw of the Pharmacy Department, Dr. Frank J. Slama of the Pharmacognosy Department and Dean Foss attended the Convention of the American Pharmaceutical Association held in Washington, D.C. in September 1960.

Dr. Norman J. Doorenbos, Associate Professor of Chemistry, attended the meeting of the American Chemical Society in New York in September 1960.

Dean Foss attended the meetings of the Boards and Colleges of Pharmacy, District No. 2, Wilmington, Delaware, in October 1960.

Dr. Leslie Costello, Associate Professor of Anatomy and Physiology, attended the joint meetings of the American Society of Parasitologists and American Society of Tropical Medicine and Hygiene, Los Angeles, California, in November 1960.

Dean Foss attended the Remington Award Dinner in New York in December 1960 when the late Dr. Ivor Griffith was honored.

Dr. F. M. Miller, Associate Professor of Chemistry, accompanied the members of the junior and senior classes when they visited Eli Lilly and Company, Indianapolis, Indiana in February 1961.

Dean Foss and Dr. Norman J. Doorenbos, Associate Professor of Chemistry, attended the Convention of the American Pharmaceutical Association held in Chicago, Illinois, in April 1961.

Dr. Frank J. Slama attended the annual meeting of the American Society of Pharmacognosy in Houston, Texas, in June 1961.

Mr. Dean Leavitt, Instructor in Pharmacy Administration, attended the Walgreen Seminar in Pharmacy Administration held in Chicago, Illinois, in June 1961.

Dr. F. M. Miller attended the Organic Symposium of the American Chemistry Society held in Bloomington, Indiana, in June 1961.

Student Activities

Activities for 1960-61 included a school dance held in The Baltimore Union on October 8, 1960; the annual picnic at Herring

Run Park on May 2, 1961; and the Senior Prom on June 5, 1961 at the Valley Country Club.

The Eighth Annual Convocation of the School of Pharmacy was held in the auditorium of the Health Sciences Library on June 8th, followed by the Annual Alumni Banquet and Dance in The Baltimore Union.

In May the seniors visited the Headquarters Building of the A.Ph.A. and the Food and Drug Administration in Washington, D.C., and the Pharmaceutical and Research Laboratories of the National Institutes of Health at Bethesda, Maryland.

The Alumni—School Of Pharmacy Joint Activities For Students

The Alumni Association sponsored the 14th Annual Frolic in November, 1960 at the Straus Auditorium and the annual Alumni Dance in February 1961. All students and faculty were invited as guests of the Alumni Association for the Dance. On June 8th, the Alumni held its Annual Banquet and Dance at The Baltimore Union to which members of the graduating class and their escorts were invited as guests of the Alumni Association. The School is very appreciative of these activities sponsored by the Alumni Association.

Student Government Alliance

The Student Government Alliance, under the able leadership of Mr. Harvey Reisenweber and the other officers for 1960-61, had a very good year. The School of Pharmacy was honored this year in having Mr. Reisenweber serve as President of the Inter-Professional School Senate, an organization which includes representatives from all the professional schools on the Baltimore campus. The administration and faculty of the School of Pharmacy appreciate the cooperation received from the S.G.A. during 1960-61.

Robert L. Swain Seminar

The School of Pharmacy was pleased to be able to participate in the Robert L. Swain Seminar held in March 1961, and which has been previously described to you by the Chairman of the Committee, Mr. Alexander J. Ogrinz, Jr.

Buildings

Official dedication of The Baltimore Union was held in April 1961. This building offers many services to the students, faculty and staff of the University's Baltimore campus. Students, most of whom are from outside of the Baltimore metropolitan area, find living in the Union very satisfactory with excellent meals being served at a reasonable price. A very complete Campus Bookstore is in operation in the basement, and just recently a fully-equipped barber shop for both men and ladies was opened in the basement.

The new million-dollar Health Sciences Library is in full operation and also proves a real asset to the Baltimore campus.

All are invited to visit any of these buildings whenever you are in the vicinity of Lombard and Greene Streets.

Five Year Curriculum

This past academic year was the first year that a substantial number of students were registered in the pre-pharmacy course at College Park, as mentioned in the enrollment data. A representative of the faculty, Mr. Dean E. Leavitt, has been on the College Park campus at least three times a week to act as advisor to the students registered in the School of Pharmacy at College Park. Mr. Balassone and I appeared before the students each semester in an attempt to get to know them better and to explain the requirements for apprenticeship by the Board of Pharmacy.

In addition to the invitation and transportation provided by the Alumni Association for the Alumni Frolic, all students in the School of Pharmacy at College Park were invited to the Rho Chi Day Convocation held in Baltimore in April and were provided transportation by the School of Pharmacy. Following the convocation, the students were given a tour of the Baltimore facilities by students on the Baltimore campus.

Conclusion

Sincere thanks are expressed to Mr. Frederic T. Berman, Chairman and Co-Chairman Provenza and Raichlen of the Committee on the School of Pharmacy, as well as to the respective committee members; the officers of the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association, and especially their Executive Secretary, Mr. Joseph Cohen; the President of our Alumni Association for 1960-61, Mr. Irving I. Cohen and particularly its secretary, Dr. Frank J. Slama; the Maryland Board of Pharmacy and particularly its Secretary, Mr. Frank S. Balassone, for their splendid cooperation and assistance this past year.

President Goldfeder introduced his brother Rabbi Fishel J. Goldfeder from Cincinnati who was vacationing in Atlantic City. He also recognized Alvin Geser, Executive Secretary of the New Jersey Pharmaceutical Association, a Marylander, and welcomed him to the Convention.

Francis S. Balassone, Secretary of the Maryland Board of Pharmacy was called on to give the annual report of the Board which follows:

ANNUAL REPORT OF THE MARYLAND BOARD OF PHARMACY 1960 1961

In compliance with the provisions as set forth in Section 258 of Article 43 of the Annotated Code of Maryland, this report is submitted to His Excellency J. Millard Tawes, Governor of Maryland, and to the Maryland Pharmaceutical Association. This is the fifty-eighth report to the Governor of the State and the forty-

eighth to the Association, and covers the activities of the Maryland Board of Pharmacy for the fiscal year ending June 30, 1961.

Personnel

During the year, the Board held eleven meetings, six of which were held at the School of Pharmacy of the University of Maryland for the purpose of conducting examinations for registration of pharmacists.

At the first meeting, the Board reorganized and re-elected Mr. S. Earl Webster president, and Mr. F. S. Balassone, secretary-treasurer. The other members of the Board were: Messrs. Arthur C. Harbaugh, Alexander J. Ogrinz, Jr., and Norman J. Levin.

At the annual convention of the Maryland Pharmaceutical Association, held at the Shelburne Hotel, Atlantic City, New Jersey, on June 27, 28, 29, and 30, 1960, the Nominating Committee submitted to the Association the following names to be recommended to the Governor for membership on the Board to succeed Mr. Arthur C. Harbaugh, whose term would expire on April 30, 1961:

Mr. Arthur C. Harbaugh, Hagerstown

Mr. Lyndon B. Myers, Mount Airy

Mr. Victor G. Mercer, Frederick

On April 26, 1961, Governor Tawes reappointed Mr. Arthur C. Harbaugh as a member of the Board for a term of five years.

Examination

The Board conducted two examinations during the fiscal year. They were held at the School of Pharmacy of the University of Maryland on November 2, 3, and 4, 1960, and on June 21, 22, and 23, 1961.

There were eight applicants for the November examination, six of whom passed both the theoretical and practical pharmacy examinations and were registered. Two of the applicants were eligible for only the theoretical subjects in which they were successful. Their registration will be withheld until they have met the legal requirements for practical pharmacy experience and have passed an examination in practical pharmacy.

Forty-five candidates, who had previously passed the theoretical examination, were now eligible for the practical pharmacy examination; they were successful and were granted registration.

Fifty-six candidates took the June examination, two of whom were eligible and took the practical pharmacy examination. One failed; one passed. Fifty-four took the theoretical subjects, but will not be eligible for the practical pharmacy examination until after they have acquired four months of practical pharmacy experience subsequent to graduation from pharmacy school. Six failed the theoretical examination.

There were three candidates for the practical pharmacy examination who had previously passed their theory. They were successful and were registered.

The subjects assigned at the November and June examinations were as follows:

Pharmacy and Jurisprudence	Norman J. Levin
Materia Medica and Pharmacognosy	Arthur C. Harbaugh
Chemistry	Alexander J. Ogrinz Jr.
Chemical and Pharmaceutical	
Mathematics	F. S. Balassone
Practical Pharmacy	S. Earl Webster

Record of Examinations Held

November 2-3-4, 1960

Applicants	Passed	Withheld	Failed
8	6	2	0

June 21-22-23, 1961

Applicants	Passed	Withheld	Failed
56	1	48	7

Total Number Examined for Registration as Pharmacists

Applicants	Passed	Withheld	Failed
64	7	50	7

The following table shows the number of pharmacists who were registered by examination during the past ten years:

Year	Number of Pharmacists
1951-1952	63
1952-1953	65
1953-1954	77
1954-1955	50
1955-1956	96
1956-1957	60
1957-1958	53
1958-1959	79
1959-1960	55
1960-1961	63

Reciprocal Registration

Maryland continues to attract pharmacists from other states for reciprocal registration, many of whom are pharmacists who are in the armed forces and stationed in military bases in this state.

On several occasions, applicants for reciprocal registration who are in the armed forces, as well as those who are taking graduate work from other states at the School of Pharmacy of the University of Maryland, have not been in a position to comply with the regulation that one year must elapse since the time the applicants acquired licenses by examination in other states. In this connection, the Board has been compelled to require those applicants to take a practical pharmacy examination conducted by this Board. There

were six such applicants for reciprocal registration for the practical pharmacy examination at the June examination.

All applicants for reciprocal registration must appear before the Board for personal interviews, and no applicant is accepted until he has been approved by the entire Board. They must sign an agreement to comply with the laws, rules, and regulations surrounding the practice of pharmacy in this State.

The following table shows those granted registration by reciprocity:

Registered by Reciprocity			
Name	Certificate		State
	Number	Dated	
Anderson, Don Rawley	6048	Dec. 31, 1960	Dist. of Columbia
Brannon, Wilson Lee	6049	Dec. 31, 1960	Indiana
Rabinowitz, Norman	6050	Dec. 31, 1960	Pennsylvania
Orellana, Anna May	6051	Dec. 31, 1960	Minnesota
Brault, Paul Robert	6052	Dec. 31, 1960	Massachusetts
Cramer, Robert D.	6053	Dec. 31, 1960	Pennsylvania
Lawrence, Charles	6054	Dec. 31, 1960	Dist. of Columbia
Graves, Clarence R. Jr.	6055	Dec. 31, 1960	Dist. of Columbia
Zeigler, Gervis Beverly	6056	Dec. 31, 1960	West Virginia
Nussbaum, Edward David	6057	Dec. 31, 1960	Texas
Miller, John Elwin	6058	Dec. 31, 1960	Pennsylvania
Goldstein, Edward	6059	Dec. 31, 1960	Dist. of Columbia
Blank, Mary Ellen McGinn	6060	Dec. 31, 1960	Illinois
Citrenbaum, Lewis Albert	6061	Dec. 31, 1960	Dist. of Columbia
Cohen, Stanley	6062	Dec. 31, 1960	Dist. of Columbia
Cimino, Edward Robert	6114	Mar. 31, 1961	Pennsylvania
Eaton, Robert Arthur	6115	Mar. 31, 1961	Dist. of Columbia
Haney, Philip Clement	6116	Mar. 31, 1961	Pennsylvania
Citrenbaum, Bernard F.	6117	Mar. 31, 1961	Dist. of Columbia
Smith, David Russell	6118	Mar. 31, 1961	Massachusetts
Rosenberg, Allen Perry	6119	Mar. 31, 1961	Pennsylvania
Crovetto, Felix Richard	6120	Mar. 31, 1961	Delaware
Gratson, John, Jr.	6121	Mar. 31, 1961	Pennsylvania
Levinson, Monroe Joseph	6122	June 30, 1961	Dist. of Columbia
Sadel, Jacob	6123	June 30, 1961	Pennsylvania
Sadel, David	6124	June 30, 1961	Pennsylvania
Svec, Robert Joseph	6125	June 30, 1961	Missouri
Gellman, Murry	6126	June 30, 1961	Dist. of Columbia
Fox, Chester David	6127	June 30, 1961	Vermont
Prendergast, Thomas R.	6128	June 30, 1961	Pennsylvania
Collins, Leo Joseph	6129	June 30, 1961	Connecticut
Laterman, Joseph	6130	June 30, 1961	Pennsylvania
Smith, Camie Peterson	6131	June 30, 1961	Montana

The following table shows the number of pharmacists granted registration by reciprocity and the number who were certified to register in other states by reciprocity over the past ten years:

Year	Reciprocity	Certified for Registration in Other States
1951-1952	47	16
1952-1953	53	16
1953-1954	60	15
1954-1955	62	23
1955-1956	64	16
1956-1957	58	26
1957-1958	51	21
1958-1959	46	17
1959-1960	46	19
1960-1961	33	18
Total	520	187

The above table shows that Maryland has gained 333 pharmacists by reciprocity in the past ten years.

Pharmacy Permits

As of January 1, 1961, 767 permits were issued to pharmacies and 22 to hospital pharmacies in the State, making a total of 789.

A permit fee was refunded because a pharmacist filed an application for a renewal permit, but disposed of his pharmacy before December 31, the expiration date of his 1960 permit.

There was an increase of twenty-two permits issued over the previous year. In 1960, there were 391 county and 354 Baltimore City permits issued, compared with 419 county and 348 Baltimore City permits this year.

The following table shows the number of pharmacies in the counties of Maryland and Baltimore City:

Allegany	19	Dorchester	4	Queen Anne's	4
Anne Arundel	35	Frederick	11	Saint Mary's	5
Baltimore	124	Garrett	2	Somerset	5
Calvert	0	Harford	10	Talbot	7
Caroline	3	Howard	5	Washington	11
Carroll	11	Kent	4	Wicomico	11
Cecil	6	Montgomery	69	Worcester	6
Charles	6	Prince George's	61		
				Total	419
Baltimore City					348
Total					767

The following table shows pharmacies opened, change of ownership, and those closed during the year:

	Opened	Change of Ownership	Closed
Baltimore City	5	21	17
Counties	36	20	8
Total	41	41	25

The following table shows the number of pharmacies opened, change of ownership, and those closed in the past ten years:

Year	Opened	Change of Ownership	Closed
1951	22	19	14
1952	22	16	8
1953	26	13	12
1954	36	32	24
1955	23	19	11
1956	28	20	18
1957	26	30	14
1958	28	24	19
1959	31	39	16
1960	41	41	25

Manufacturers' Permits

There were 132 permits issued to manufacturers of drugs, medicines, toilet articles, dentifrices or cosmetics. Applicants for original permits are required to appear before the Board, and furnish all information that is considered pertinent to the conduct of such operations.

Prescription Survey

The following table shows survey of prescriptions filled in 1960:

PRESCRIPTION SURVEY—1960

Baltimore

Average Number New Prescriptions Filled in 112 out of 348 Pharmacies	7,413	
Average Number Prescriptions Refilled in 112 out of 348 Pharmacies	4,909	12,322
Average Price of Prescriptions in 112 out of 348 Pharmacies	\$2.59	
Estimated New Prescriptions Filled in 348 Pharmacies	2,579,724	
Estimated Prescriptions Refilled in 348 Pharmacies	1,708,322	4,288,056

Counties

Average Number New Prescriptions Filled in 169 out of 410 Pharmacies	12,401	
Average Number Prescriptions Refilled in 169 out of 410 Pharmacies	7,770	20,171
Average Price of Prescriptions in 169 out of 410 Pharmacies	\$2.87	
Estimated New Prescriptions Filled in 410 Pharmacies	5,084,410	
Estimated Prescriptions Refilled in 410 Pharmacies	3,185,700	8,270,110

State

Estimated New Prescriptions Filled in 758 Pharmacies	7,664,134	
Estimated Prescriptions Refilled in 758 Pharmacies	4,894,032	12,558,166

Legislation

The Board of Pharmacy and the State Department of Health introduced in the General Assembly Senate Bill No. 5 and Senate Bill No. 6. These bills were supported by the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association.

Senate Bill No. 5 passed both Houses, and was signed by Governor J. Millard Tawes. It became effective June 1, 1961. The provisions of this act now grant the Board of Pharmacy power and authority to either reprimand, suspend or revoke a pharmacist's license for cause. The above is known as Section 266A of Article 43, Annotated Code of Maryland (1957). Section 266B provides for the issuance of certificates of renewal biannually upon the payment of a fee of \$3.00. Section 270A provides for a permit for Dangerous Drugs. This applies to jobbers, distributors, wholesalers, or manufacturers who sell or distribute dangerous drugs as defined in Article 27.

Senate Bill No. 6. This bill did not receive a favorable report from the Senate Judicial Proceedings Committee. It sought authority to declare which drugs to be dangerous as defined in Article 27. It also provided to ban the advertising of dangerous or otherwise prescription drugs in any media other than trade or professional publications. The bill provided also the prohibition of dangerous drugs by traveling vendor, hawker or peddler.

House Bill No. 952. This act provides that no pharmacist or pharmacy shall be permitted to advertise dangerous drugs except in trade or professional publications. It is known as Section 311 (a) of Article 27, and became effective June 1, 1961.

House Bill No. 960. The definition of the term "Dangerous Drugs" was amended so as to include barbiturates as dangerous drugs. This act became effective June 1, 1961.

Senate Bill No. 363. This act provides that the respective professional licensing Boards of Medicine, Dentistry, Pharmacy, and Veterinary Medicine are authorized to place on probation under certain conditions an individual who is or shall become addicted to the drug habit. The pertinent sections are Sections 293 (a) and (b) of Article 27.

House Bill No. 737. This act provides for the creation of the State Board of Health and Mental Hygiene, and abolished the State Board of Health, the Mental Advisory Board, and the Mental Hygiene Board of Review. New Sections 1 A through 1 G are added to Article 43. In the composition of the new Board, Pharmacy is represented.

Cooperative Activities

The Board maintained membership in the National Association of Boards of Pharmacy. The annual meeting of the Association, which was held in conjunction with the annual convention of the American Pharmaceutical Association, was held on April 24 and 25, 1961, in Chicago, Illinois. The Board was represented by Mr.

Alexander J. Ogrinz, Jr., Mr. Norman J. Levin, and Secretary-Treasurer F. S. Balassone.

The Board also maintained membership in the Conference of Boards and Colleges of Pharmacy of N.A.B.P. District Number Two, comprising the States of New York, New Jersey, Pennsylvania, Delaware, Maryland, the District of Columbia, Virginia, and West Virginia. The annual meeting was held in Wilmington, Delaware, on October 7 and 8, 1960. The Board was represented by Mr. Alexander J. Ogrinz, Jr., Mr. Norman J. Levin, and Secretary-Treasurer F. S. Balassone.

Finances

All funds of the Board of Pharmacy are deposited to the credit of the Treasurer of the State of Maryland, and disbursements covering the expenses of the Board are paid by voucher by the State Comptroller.

MARYLAND BOARD OF PHARMACY

Statement of Receipts and Disbursements for the Period from July 1, 1960 to June 30, 1961

Receipts

Balance with Comptroller, July 1, 1960.....		33,974.31	
Students' Registration Fees	66.00		
Examination Fees	1,600.00		
Reciprocal Registration Fees.....	1,650.00		
Certification Fees	18.00		
Duplicate Certificate Fees	25.00		
Manufacturers' Permit Fees.....	720.00		
Pharmacy Permit Fees	2,618.00	6,697.00	40,671.31

Disbursements

Salaries and Wages	3,446.28		
Communication	304.00		
Travel	1,044.00		
Contractual Services.....	545.65		
Supplies and Materials.....	585.43		
Equipment - Additional	397.43		
Fixed Charges	171.96		
Refund	3.00	6,497.75	
Reserve Fund		8,140.00	
Transferred to General Fund Surplus, June 30, 1961		26,033.56	40,671.31

Respectfully submitted,

F. S. BALASSONE, Secretary-Treasurer

President Goldfeder introduced First Vice President Norman J. Levin to take the chair. Chairman Levin then called on President Goldfeder to deliver his annual address which follows:

PRESIDENT'S ADDRESS

Harold M. Goldfeder

A year ago, with mixed emotions of both joy and trepidation, I assumed the responsibilities of office as your president. Now that I have served in the highest elected office of this Association, my joy has been fulfilled. However, the fears and uncertainties of a year ago still linger on.

At the outset of this address, let us be mindful of the serious world problems now looming so darkly against the horizon and let us pledge allegiance to the President, to Congress and to all who are seeking a means to lessen world strife and to the dawn of a brighter world for all. We owe this not only to our government, but to ourselves as well. Let us be truly Americans—first, last and at all times.

The accomplishments during this Association year have been many and most gratifying, however, our goals are far from having been realized.

Robert L. Swain Seminar

On March 23, 1961, for the first time in the history of this Association, the first Annual Robert L. Swain Pharmacy Seminar was held at the University of Maryland in Baltimore, in conjunction with the School of Pharmacy. This Seminar was named in honor of our distinguished fellow member and a man who has over the years attained the highest respect and admiration in our profession and the drug industry. The program consisted of morning and afternoon sessions with six outstanding speakers presenting timely topics concerning Pharmacy. If the attendance and the enthusiasm displayed on March 23rd is any indication, we certainly can look forward to many successful seminars in years to come. To Chairman Alexander J. Ogrinz, Jr. and his committee, I express my sincerest thanks for the success of that day.

Speakers Bureau

During the past year a committee known as the Speakers Bureau was organized. The purpose of this committee was to make available pharmacists to speak to any local, civic, fraternal or charitable organizations. Although the activities of this group have been limited, I strongly recommend future administrations to nurture this project for in its fulfillment we can convey our message to the public and put the promotion of goodwill on a continuous basis.

Legislation

The success of our Legislative Program of 1961 should convince all of us beyond a shadow of a doubt that in unity there is

strength. Under the capable direction of Chairman Victor H. Morgenroth, Jr. and his committee, Senate Bill #5 became law on June 1st and through the efforts of our fellow member, Delegate Chester Kosokowski, a Bill was passed making it illegal to advertise legend drugs in any publication except drug trade and pharmaceutical journals. Also, a Bill to exempt drugs from Fair Trade in St. Mary's county died in committee. I would like to thank all of you for efforts expended on behalf of our Legislative Program.

Fair Trade

The position of Fair Trade has been strengthened in our State during the past year. The retailer-retailer suit instituted by Ellis Gadol of Four Corners, Maryland, received a favorable ruling by the Maryland Court of Appeals, and although the decision was appealed to the Supreme Court of the United States, the court refused to hear the case, thus upholding the decision of the Maryland Court of Appeals. Also, the past year witnessed increased activities on the part of many manufacturers in their efforts to enforce their Fair Trade contracts in Maryland.

At this time I would like to call your attention to S.B. 1722, known as the Fair Competitive Practices Act. This was introduced in the United States Senate by Senators Humphrey and Proxmire on April 27th. A similar Bill has been introduced in the House of Representatives by Congressman Oren Harris known as H.R. 7685.

Let me emphasize that we should give serious thought to the need to secure Congressional approval of these two Bills. The measures were introduced in Congress under the auspices of the National Association of Retail Druggists, and is designed to sweep ruthless dog-eat-dog competition from retail distribution.

The Bills, in essence encompasses the fair trade principle. They are designed to secure Congressional approval of the basic principles and objectives of fair and equitable competition in the marketplace. It is my hope that a suitable resolution will be adopted at this Convention, calling upon the Maryland delegation in both houses of Congress to give the Bills their hearty cooperation and support.

Antitrust

The suits brought by the Justice Department of the Federal government against the pharmacists of certain Western states is, in my opinion, a strong effort on the part of the government to lead us further down the path of socialized medicine. Pharmacy is a profession, and as such has every right to charge a professional fee for services rendered. And if in the opinion of the Justice Department, Pharmacy is being prosecuted for the violation of a federal law, then every other profession in our country should be indicted for a similar offense. Every pharmacist should consider it an obligation and duty to contribute to the "Defend the Profession" fund raising campaign.

Drug Distribution

I urge this Convention to go on record as condemning the actions of certain manufacturers for establishing a new pricing and distribution policy which jeopardizes the position of the drug wholesalers. One of the most sincere friends of Retail Pharmacy throughout the years has been the wholesale drug supplier. And although at present we have many problems of our own, we should support the case of the wholesaler against these manufacturers. Let us show our wholesalers how much we appreciate their cooperation, their services and sincere efforts in our behalf.

While on the subject of manufacturers, I call your attention to the decision of a few to give a 10% rebate to State Welfare agencies. I condemn this practice. This to me is another indication of the Retail Pharmacist being told of a "fait accompli" rather than being consulted prior to deciding action.

Professional Status

I am sure that reports presented at this Convention by Secretary Cohen and committee chairmen have brought you up to date concerning all the activities of this Association during the past year. I therefore, would like to dwell for a few moments on the future of our profession.

Too often I have heard the expression Pharmacy today stands at the crossroads. Unfortunately, ladies and gentlemen, we have stood at the crossroads for too long. Time and progress have almost obliterated the status of Pharmacy. Although many other industries and professions did not know the road they were taking, they have now passed the crossroads leaving us by the wayside, traveling on to the road of success. Although we as a profession have been awakened from our lethargic state, we must now arise and win against our many adversaries.

Competition such as super markets, discount houses, union owned pharmacies, mail-order prescription houses, are but a few problems attacking us from every angle. We must make up our minds and decide once and for all where we want to go and the best means of attaining this goal. Our profession must have the confidence and support of Mr. and Mrs. Consumer, and in order to assure ourselves of this support and confidence, we must show by deeds the important role that we assume for the health and welfare of our community. We must not only preach ethics and professionalism, but we must enthusiastically practice them as well. Integrity, cleanliness, neatness, mass displays, good merchandising, hospitality, courtesy, service, and personal conduct are assets which we still possess or can readily attain. We should therefore use these virtues to retain present customers and acquire new ones.

Let us all bear in mind, that whether we like it or not, we are forced to compete with super markets and other high powered distributors in the handling of drugs, medicines, and many other time honored drug store products.

In other words, we are faced with a fight to maintain our own place in our own household.

This being true, it is up to us to so establish our position in the field of drug distribution as to make the drug store the paramount factor in the handling of pharmaceutical products of all kinds. It is therefore, my hope that every pharmacist in the state will give special attention to maintaining continuous and effective displays of drugs and medicines so that the drug store will stand out in public estimation and esteem as the safe and proper place to obtain drugs and medical supplies of all kinds.

We are faced with a terrific competitive problem within our own domain and we must be farsighted and two-fisted enough to maintain our own place in our own field.

It is very important that the pharmacist take a leading role in the social, political and economic activities of his community. It is our responsibility to see that a pharmacist is appointed to any committee, agency or group that functions in the interest of public health and welfare of the community. If you know of the formation or existence of such a group in your area, this Association, if advised will expend every effort to see that a pharmacist is appointed to the committee.

Interprofessional Relations

As a result of a resolution passed at the 1960 Convention, your President and Secretary met with the Presidents of the State Medical, Dental and Legal Organizations. The purpose of this meeting was to establish in Maryland a congress of professionals which would be of mutual benefit to all. This congress would represent well over 8,000 professionals in Maryland. It would thereby give us a strong voice in combating problems of common interest. I urge the new administration to pursue our initial efforts. In order to finalize this plan.

Pharmacy As A Career

Pharmacy today offers a number of opportunities to the student. We should therefore, wherever possible, recruit and encourage high school graduates to enter this profession. It also offers opportunities to those already in the field of Pharmacy. These opportunities must be sought—they will not come to you.

It is incumbent upon each and every one of us to support organized Pharmacy at all levels. The survival of Pharmacy rests heavily on the efforts of local, state and national associations. Although you may not always agree with certain policies of all associations, each has a definite function and should therefore warrant your support.

We must keep abreast of current trends and problems confronting Pharmacy. This can be accomplished by intent reading of available articles in journals, magazines and newspapers. Let your voice be heard—let your opinions be known—so that the pharmacist

will be recognized, and his position be considered when decisions are made.

Membership Activity

It is most gratifying for me to report that our membership this year has reached the highest level in its history. We have as of this date, 546 Active; 18 Affiliates; 227 Associates for a total of 791 members. However, we should not rest until every pharmacist in this state has assumed his responsibility by becoming a member of our Association.

I am pleased to report the appointments and elections of the following members during the past year:

Arthur C. Harbaugh—reappointed by Governor Tawes to the Board of Pharmacy for a five year term.

Walter E. Albrecht—reappointed member of the Council on Medical Care State Department of Health.

Lloyd N. Richardson—appointed member of the Maryland Board of Health and Mental Hygiene.

Dean Noel E. Foss—elected Second Vice-President of the American Pharmaceutical Association.

Joseph Cohen—elected Third Vice-President of State Secretaries Conference.

Victor H. Morgenroth, Jr.—appointed member of Baltimore City Committee of Problems of the Aged.

Gordon A. Mouat—appointed staff pharmacist Medical Care Section Baltimore City Health Department.

Alexander J. Ogrinz, Jr.—presented paper at Annual Convention of National Boards of Pharmacy, and appointed as a member of the Advisory Committee on Examinations.

The cooperation between our Association and the local pharmacy groups throughout the state has been very satisfactory, and I would like to publicly thank them for responding to our requests for assistance.

I would like to reemphasize that as pharmacists we should seek more active participation in community life. By and large we have not been much concerned with life about us and have failed to gain the prestige which goes hand-in-hand with intelligent and purposeful participation in civic affairs.

As people are becoming more and more health conscious, it follows that they are responsive to those professions which are actively engaged in bringing the benefits of medical advances down to the community or neighborhood level.

As members of one of the most ancient of the health care professions, I urge all pharmacists to actively seek more direct relation to the health care needs of the community, so that Pharmacy may stand out as an active part of the medical care team.

Appreciation

My sincerest thanks on behalf of this Association to Mr. Philip F. Jehle, Washington representative of the National Association of Retail Druggists, for his counsel and cooperation during my administration. He has become a leading figure on the Washington scene in support of Pharmacy.

I would like to express my sincere appreciation to our very capable secretary, Mr. Joseph Cohen. I am certain that all who have had the experience of working with him will readily agree that Secretary Cohen is an asset to our Association, and the high esteem in which our Association is held locally and nationally is due in great measure to his intensive efforts. A note of recognition is extended to Mrs. Patricia Piontek and Miss Geraldine Novotny for their dedication on behalf of the Association.

I would indeed be remiss if I did not express my appreciation to the officers and members of the executive committee of the Maryland Pharmaceutical Association for their devoted and conscientious support during my term of office. This also applies to all of the committees of the Association as well as the Travelers and Ladies Auxiliaries. I want to thank all of you for participating in this Convention.

In conclusion, Pharmacy is a composite of many things—people, events, problems, conditions—some are pleasant, others are troublesome. If we expect to eliminate problems we must learn to respect each other and to recognize organized leadership. We must learn to take defeat with victory and to continue the fight for that which is right. If pharmacists and Pharmacy adopt this philosophy—Pharmacy will endure.

Let us practice the 4 S's—Support, Solidify, Strengthen, Survive.

Support our Associations, in order that we may Solidify our efforts to Strengthen our position which will assure our Survival.

Vice President Levin complimented President Goldfeder on his address and the Convention gave him a rising round of applause. His address was unanimously accepted and referred to the Executive Committee for consideration.

Mr. Levin then returned the gavel to Mr. Goldfeder.

A recess was called for refreshments and the drawing of prizes.

President Goldfeder then introduced Mr. Philip F. Jehle, Washington Representative of the National Association of Retail Druggists who gave the following address:

"PHARMACY FIGHTS BACK"

Philip F. Jehle, Washington Representative
The National Association of Retail Druggists

The structure of the national economy that we are to have in the years ahead is being formed right now. Current economic

policies and programs are the mighty forces which are molding the business world of tomorrow.

Largely in the business trends already well underway in this decade lies the answer to the role which independent business is to hold in national affairs during the 1970's and beyond. In all candor, it must be admitted, the nation's small entrepreneurs have but slight reason for hope and encouragement—to the extent that today's business trends are in fact forming the business community of tomorrow.

Consider for a moment the rearguard action for economic survival being fought in recent years by the American small business community. Most of us can confirm the existence of this unhappy competitive situation from personal observation.

But, the trend is also persuasively evidenced in the rising number of small business bankruptcies. Last year alone, small business fatalities reached a total of 15,445, the highest level since the terrible depression year of 1933. Involved in these business casualties were liabilities of \$938,600,000 a volume of 35 percent over 1959's loss total.

Even more significantly, small business failures are continuing to rise during 1961. While all kinds of business suffered heavy casualties in this period, the toll in retailing, with its predominant small firm population, reach a new postwar record.

As with the independent business community generally, drug retailing bankruptcies reached a shocking total last year. According to the Senate Small Business Committee, retail pharmacy failures during 1960 ran 36 percent ahead of 1959, and the liabilities involved in such failures were 87 percent higher than in 1959. In fact, the average loss to creditors in every drug store failure was \$36,000 last year.

Through this statistical survey of the competitive plight of small business, including retail pharmacy, our economic heritage is shown as being in serious jeopardy. Economic freedom and opportunity seem certain to be lost to generations ahead, unless current trends toward monopoly and economic concentration are promptly reversed.

As has been said so often, the independent entrepreneur cannot be expected to survive and, as a matter of fact, will not survive in a business climate where, as today, predatory and destructive pricing practices, monopolistic mergers, and many other anti-competitive activities are regarded with indifference or even tolerance in some important places. Nor can the small businessman be expected to endure indefinitely the tax inequities and the lack of reasonable access to credit and capital sources now plaguing him.

Against this rather grim competitive background, the independent business community has no alternative but to fight back and fight back hard. Not to resist monopoly is to let it overwhelm you, to suffer economic death.

What must be done is to launch at once an aggressive, determined campaign to cleanse the economy of the many elements hostile to the well-being of the average, independently owned and operated small business concern. And, in this important undertaking, retail pharmacy must assume the responsibility of leadership. As history can readily affirm, no other small business group possesses the business and professional stature and experience necessary to lead such a campaign successfully.

As I see it, our campaign against monopoly and economic concentration is going to be waged mainly in the national legislative arena. Only Congress has the power to turn back the anticompetitive tide which threatens the existence of American small business. Only Congress can adequately safeguard the right of every person, no matter how weak, of every business, no matter how small, to freely enter any market and, once within, to compete on just and equal terms with those already there.

Let us now consider those legislative proposals whose enactment holds the key to the vitality and prosperity of independent businessmen. As I proceed, especial attention will be given to those proposals having the greatest economic and professional significance for retail pharmacy.

Deserving of the highest priority in our fight for economic justice and opportunity is the newly designed Fair Competitive Practices Bill. In principle and purpose, this measure is remarkably similar to the national fair trade legislation introduced in past years. But the bill does contain a number of perfecting provisions that were lacking in the national fair trade bills of the past.

For example, every vestige of the often judicially vulnerable and always politically controversial nonsigner clause has been eliminated completely. In addition, the new name, Fair Competitive Practices, would seem to better describe the functions and objectives of the bill than would the term, Fair Trade.

The new bill is based upon the conviction that today's small businessman is not losing out to monopoly-minded forces as a result of inefficiency, as some would have us believe. Largely, the failure of the average retailer stems from his limited financial resources; that is, his lack of the capital necessary to withstand the predatory price-cutting tactics of his bigger competitors.

The success of the predatory price-cutter lies in his ability to utilize superior capital resources to the disadvantage of his smaller competitors. By slashing prices on national branded, fast moving merchandise, he can prevent the family retailer from making a profit and, thus can doom him to bankruptcy. Under such circumstances, relative efficiency of the competitors does not enter into the contest—no more is involved than "domination by the long purse."

In this light, you can see that the Fair Competitive Practices Act is designed to bring about a system of economic fair play in the marketplace. The measure would achieve this objective by al-

lowing a manufacturer to establish minimum resale prices on his trademarked or branded products that are in free and open competition with similar commodities.

Under such a competitive system, predatory and destructive price-cutters of all sorts would be dealt a severe blow. Particularly hard hit would be the price-cutting newcomers to retail pharmacy, such as (1) the mail order prescription seller, (2) the union drug dispensaries, and (3) the "closed door" drug stores which cater to other special groups such as the old folks or government employees. In fact, these price-juggling specialists would be out of business within a month after enactment of the Fair Competitive Practices Bill.

Notwithstanding the merits of the proposed Fair Competitive Practices Bill, the fact remains that the much needed measure has not yet become law. To retail pharmacists who have been in the vanguard of those small businessmen pressing for enactment of the measure, this situation, I know, is disappointing. There is a strong tendency for you to feel that the great amount of time and energy you have expended in supporting the bill has been wasted. But, as I see it, such a feeling cannot be justified.

Bear in mind that your dedicated work these past few years in behalf of the Fair Competitive Practices Bill and its predecessor bills is just now reaching the point where the reward is in sight. Much as the missionary striving to save souls, you must understand that the process of education is always slow and laborious. However good and just may be the missionary's cause, however sound and constructive the Fair Competitive Practices Bill may be, a little patience and much perseverance is a condition precedent to success.

Early next January, the Senate hearings on the Fair Competitive Practices Bill will be concluded. Thereupon, the Monroney Subcommittee will consider the bill and, I am hopeful, will report it favorably to the full Senate Commerce Committee. Assuming that the members of that committee are well informed concerning the merits of the proposed legislation, it will then be reported favorably to the Senate floor for debate, a vote, and passage.

Plans also call for gearing next year's Senate action on the bill to corresponding progress in the House. By doing so, final action on the Fair Competitive Practices Bill can be assured in 1962. In addition, you will be dealing a mortal blow to ruinous and deceptive pricecutting practices.

In the fight against monopoly forces, retail pharmacy needs and is asking for protective legislation in another antitrust area. The basic antimerger law, Section 7 of the Clayton Act, must be strengthened if its provisions are to be effective in suppressing a newly developing threat to drug retailing—the invasion of the giant food retailers.

As you know, the big food chains decided several years ago to invade retail pharmacy. I suppose that, having just about eliminated all small independents from the food industry, they were looking for new fields to conquer. Whatever the reason, many of the giant food chains, some of them billion dollar concerns, began to purchase smaller drug store chains. Among the invaders of retail pharmacy via the merger route are such aggressive marketers as Kroger, Jewel, Consolidated Foods and Fox Markets, to name only a few.

As many of you can attest, these drug store acquisitions by the large food chains are having adverse competitive effects upon independent retail pharmacists in many parts of the country. On this point, a House Small Business Committee staff report has observed: "The extensive merger activity of grocery chains during the past year suggests that the market structure of drug retailing may be transformed rapidly and significantly in the next few years."

Beyond question, the monopolistic practices of buying huge shares of the retail drug business, unless speedily checked, will soon result in a few colossal food chains dominating retail pharmacy.

Drawing upon my experiences on the Senate Small Business Committee, I would say retail pharmacy does have reason to fear the marketing practices used by the giant food chains. I can recall, for example, the decision of Safeway Stores, several years ago, to capture at least 50 percent of the grocery business in every community in which the company had stores. To achieve this rather dubious objective, Safeway officials ordered a vigorous program of loss leader selling. The first and, because of antitrust complications, the only Safeway division to effectuate the pricecutting directive was the one comprising the states of Texas and New Mexico.

In this market, Safeway's predatory pricing tactics were so successful that it gained at least 50 percent of the grocery business in a relatively short time. In the process, about 200 grocery independents were forced out of business and hundreds of others gravely injured.

Following an agonizingly slow investigation by the Department of Justice, Safeway Stores and certain high officials, including its then president, Lingan Warren, were indicted for Sherman Act violation. Upon pleas of "nolo contendere" by Mr. Warren and Safeway, the court imposed fines totaling slightly more than \$180,000, hardly more than a slap on the wrist in view of Safeway's gross misconduct. In fact, Safeway must have congratulated itself on eliminating almost 200 competitors for less than \$1,000 apiece.

Frankly speaking, the antitrust record of Safeway and other big food chains is not at all reassuring. However viewed, the story of the food chains is one of monopoly run rampant, of small independents being eliminated by predatory and irresponsible means. To allow such a fate to befall retail pharmacy would be to rob the general public of an essential member of the community health

team, the family pharmacist, and to replace him with an impersonal corporate employee.

To counter effectively the invasion of retail pharmacy by the big food chains, the enforcement machinery of the basic anti-merger law must be fortified. Such a worthy purpose is served by H.R. 2882, an antimerger bill introduced by House Judiciary Committee Chairman Emanuel Celler. This measure would require merging parties to notify the antitrust agencies of their plans for a corporate marriage and, thus, would enable the enforcement authorities to move against monopolistic mergers before consummation. Under the Celler bill, the Federal Trade Commission would also be authorized to seek injunctive relief in a federal court against any proposed merger or acquisition deemed illegal. At present, only the Justice Department is empowered to seek such injunctive relief. By eliminating severe procedural handicaps to enforcement of the antimerger law, the bill would do much to thwart the expansion of the giant food chains into retail pharmacy via anticompetitive mergers.

Retail pharmacy as well as other small business groups must also campaign against discriminatory pricing practices. Especially helpful in such an undertaking would be S. 11, the Equality of Opportunity Bill. Such a measure can be used to good advantage against the invading food chains with their long history of exacting price concessions from their suppliers. And, of course, the bill would be a potent weapon against those already in drug retailing who are the beneficiaries of price favoritism.

As you will recall, S. 11 has as its sole purpose the prevention of price discrimination that may produce monopolistic efforts. Toward this end S. 11 limits the "meeting competition" proviso of Section 2 of the Robinson-Patman Act to the extent that the good faith defense would be made unavoidable in cases of price discrimination where the effect of the discrimination tends to lessen competition substantially or toward monopoly in any line of commerce. In effect, S. 11 would make the defense of "meeting competition in good faith" inoperative in all cases of price discrimination where the reasonably probable effect of the discrimination is to lessen competition substantially. At the same time, however, it must be understood that enactment of the legislation could not in any way frustrate the lowering of prices based upon economics resulting from efficiency. All "earned" discounts would be lawful under S. 11; only unearned discounts having monopolistic effects would be challenged.

Retail pharmacy's fight for survival involves more than repelling undisguised aggressors intent upon market domination. At least equally important are efforts to prevent government sponsored medical care programs from being used to discriminate unfairly among those engaged in the dispensing of prescription medications. Any attempt to by-pass retail pharmacists as a group or to favor some over the rest must be stoutly resisted. More specifi-

cally, I am asking for your support of Senator Hubert Humphrey's proposal for amending the Kerr-Mills Act so as to guarantee medical care beneficiaries the same "freedom of choice" in making prescription drug purchases or in selecting a physician, dentist, or hospital that is enjoyed by those capable of financing their own medical care.

Enactment of Senator Humphrey's amendment would block any bypassing of retail pharmacy in the administration of the Kerr-Mills medical care plan for the needy aged. At the same time, it would make highly impractical the introduction of state owned and operated drug dispensaries for Kerr-Mills beneficiaries.

The "freedom of choice" amendment passed the Senate this last session, only to be dropped in a Senate-House conference. But the measure is certain to come up again during 1962 for a vote in both the Senate and the House. With the medical community and the general public agreed upon the merits of the amendment, prospects for its enactment are bright.

When the Congress acts on Senator Humphrey's "freedom of choice" amendment next year, I am sure it will also consider at the same time the Senator's bill recognizing the professional services involved in the dispensing of prescription medications.

Our efforts to amend the medical care legislation, however, must not be allowed to weaken our determination to make the new legislation successful. Passage of the new medical care plan for the needy aged was an important legislative victory for the health professions. I refer here to more than the rejection of the socialistic tendencies inherent in Social Security financed medical care plans. What really counts is the plan's reaffirmation by Congress of its belief in the capability of our traditional free enterprise system to meet the health needs of our senior citizens. We must keep this in mind and work accordingly for the plan's success.

Remember also that many groups which favored the Social Security approach are now planning for the Kerr-Mills medical care plan to fail—and soon. In a sense, the wish is father to the thought for these groups, as they have a big interest in the plan's early death. They understand that the Social Security approach will be kept in a legislative limbo so long as the newly enacted medical care plan is operating well. Yet, they also know that should the medical care program fail, Congress will turn to their pet proposal.

I am confident that the nation's retail pharmacists will join the other health professions in insuring the success of the Kerr-Mills medical care program. In doing so, we will be guarding our economic and professional independence and maintaining competitive opportunity for all.

At the same time, the nation's retail pharmacists must continue their determined and enlightened opposition to medical care legislation geared to the Social Security system.

Retail pharmacy must also fight to maintain freedom from unnecessary government interference. In the next session, F.D.A.

is going to make an all-out attempt to pass legislation authorizing its agents to investigate prescription files.

Within recent months, certain well-intentioned persons both in and out of government have been trying to convince retail pharmacists that granting F.D.A. statutory authority to inspect prescription records will wipe out the mail order drug sellers. Such arguments, unfortunately, are sheer nonsense. As you know, the mail order drug menace is a complex and deep seated problem which would continue to plague retail pharmacy long after F.D.A. gained prescription file inspection powers. It is naive to believe every mail order drug seller is going to be revealed as being in violation of the federal F.D.C. Act, if only F.D.A. can inspect prescription files. I might add that F.D.A. must be extremely negligent in its responsibilities if it has allowed such a situation to develop under existing law.

After all, F.D.A. already has sufficient legal authority to investigate mail order sellers and, for that matter, any other person who may be illegally handling or disposing of prescription drugs. Should a search warrant for the investigation become necessary, it may be easily obtained by F.D.A. agents. Once probable cause is shown, the warrant will be issued and the search may begin. Every competent, experienced law enforcement officer will tell you that he has no trouble getting a warrant when he needs it. Furthermore, he will assure you he is satisfied with existing procedures for obtaining it and has no need for shortcuts. He is happy to perform his job according to the Constitution.

Retail pharmacists must also fight for continued independence from federal interference in setting wages and hours for their employees. Much more is at stake here than an unwelcome and unneeded intrusion of the federal government into local business affairs. Think of the confusion and hardships that would result from having Washington bureaucrats govern conditions of employment for small community pharmacies. Mention must also be made of the intolerable bookkeeping and reporting burden which such federal control would place upon independent retail pharmacists and their hundreds of thousands of small retailer friends.

The nation's retail pharmacists must also take the offensive in finding a sound and constructive solution to the competitive problems that have arisen from the phenomenal success of the 4,000 shopping centers constructed across the country since the end of World War II. As these centers account for 25 percent of all retail sales, excluding auto sales, they are, of course, highly desirable locations.

Independent retail pharmacists, however, have found it very difficult to lease space in such centers, regardless of how successful or enterprising they may be. In general, independents are offered only the less choice locations which have been passed over by the bigger drug chains.

The basic cause for the difficulty which independents experience in leasing shopping center space is the policy of the major lending institutions to condition their financing of the center upon the developers first having obtained fixed minimum guaranteed rentals from triple A tenants (\$1,000,000 net worth) to cover amortization of the loan (both principal and interest), real estate taxes, insurance, and, frequently, operating expenses, as well.

Intensifying the retail pharmacist's problem in this regard is the recent entry of the giant food chains into the prescription drug field. Now such large concerns can "offer a shopping center developer two leases instead of just one." In other words, the big chain can lease space for both its drug and its food operations. And, according to an article in the Wall Street Journal for Tuesday, May 7, a spokesman for Consolidated Foods has admitted that his company is doing precisely that. Another major concern of retail pharmacy is that the giant food-drug chains can exercise a powerful negative voice in shopping center leasing by demanding that **both** drug and food competitors be excluded for its lease period. Obviously, no developer would be able to resist such a demand.

In December of this year, a Senate Small Business Subcommittee is going to explore the problems of shopping centers. You may be assured that the N.A.R.D. will be prepared to advise the Subcommittee on retail pharmacy's interest in this matter.

Tax relief is also needed by retail pharmacists and other small businessmen. Although budgetary considerations do preclude the possibility of any tax rate reduction at this time, certain tax inequities can be remedied without revenue loss. One such means is S. 2, Senator Sparkman's proposal to allow an independent entrepreneur to plow back into his business a certain amount of his profits before Uncle Sam takes his big tax bite.

America's independent businessmen, including retail pharmacists, are not getting to their elected representatives in Congress. When did you last talk to your representative or to either of your senators? Ask for their support of deserving small business legislation. Lawmakers are like all of us . . . they need first to be informed of what is needed and then prodded toward the right goal.

As I have said before, achievement of our legislative goals requires retail pharmacists to unite in political action. Do not believe retail pharmacists can do the job alone. Rather, call upon your natural allies, those economic and professional groups having common interests and similar aims.

In the area of health legislation, work with physicians, dentists, the nurses, the hospitals, and other professional groups sharing our point of view. Regarding competitive problems, join forces with such potent organizations as the retail grocers, the gasoline dealers, the jewelers, and others. In such organizational strength, legislative success will be assured.

Through effective political action, the nation's small businessmen under the leadership of retail pharmacists can and will be successful

in obtaining practical justice in the economic order. Our efforts must begin at once if we are going to have a competitive climate that will encourage young men and women with fresh ideas and initiative to start new enterprises with reasonable expectation that the rules of fair play will be enforced and that ability and hard work will bring their proper rewards.

Our national history has shown that the average American small businessman is more than able to hold his own—given a fair chance. Let us make certain that he has that chance. If we do so, your professional and competitive future will be reasonably secure and prosperous. Even more importantly, we shall have done much to preserve for future generations the great freedom that retail pharmacists and other independent businessmen still enjoy today.

Mr. Jehle answered questions from the floor regarding competition closing in upon pharmacy from the food chains and the danger involved in the growing practice of mergers.

Mr. Simon Solomon was called upon to give his Fair Trade report which is recorded below:

REPORT OF THE FAIR TRADE COMMITTEE

Simon Solomon, Chairman

Actually, it is very difficult to give a report on the status of Fair Trade because of the different opinions rendered by the high state courts in many states, and what we think is law today, may not be law tomorrow.

Our efforts to preserve Fair Trade in our own State have probably been as great if not greater than anywhere in the country. We have been very fortunate in having the Maryland Fair Trade Act upheld whenever it was contested, and it appears at least from a layman's viewpoint, that the Maryland Court of Appeals leans strongly towards Fair Trade, or perhaps we can put it another way and attribute our success to the shrewd handling of these cases by our eminent counsel. No doubt, one of the most important victories was the ruling of the high court in reversing the Circuit Court of Montgomery County in the retailer-retailer suit (*Gadol vs. Dart*).

Business Failures

We feel it is important to report on some of the statistics as to the cause of increasing business failures. Small business failures in 1960 numbered the highest in 27 years. The 15,445 firms that closed their doors last year registered a failure rate of 57 per 1,000 concerns, the most severe toll in the postwar period.

Accordingly, independent business leaders in Washington are urging government officials to strengthen the national economy by protecting small firms against ruinous price cutting, which no doubt, is one of the most important reasons for such failures.

Business failures hit a new post-war high with 400 casualties registered for the week ending January 26. In the preceding week there were 340 bankruptcies. In the same week of 1960 there were only 280 business deaths. All industry and trade groups had mortalities in excess of the 1960 levels with the sharpest increase being among wholesalers and retailers. DRUG STORE fatalities were running 36 per cent ahead of last year. We honestly feel that with Fair Trade becoming less and less effective in many states, drug store bankruptcies will increase at an alarming rate.

Fair Trade Score

The Fair Trade score since enactment of the Federal Fair Trade enabling statute, the McGuire Act in 1952 is as follows:—

In 19 states, the Fair Trade laws' constitutionality has been upheld by court rulings.

In 16 states the non-signer clause has been held invalid on the grounds that this provision violates the due process clause of the state's constitution despite the fact that the United States Supreme Court has said in all its decisions that Fair Trade meets all the requirements of due process. The United States Supreme Court has said unmistakably that no state violates that provision by passing a Fair Trade law.

In 3 states the entire Fair Trade law has been completely knocked out—(Utah, Nebraska and recently Montana).

In 8 states no supreme court decisions on constitutionality of Fair Trade laws have been handed down, leaving the laws in force.

Four states and D. C. have never had Fair Trade laws.

Small Businesses Need Help

The independent retail pharmacist should not be under any illusions about the challenges of the years that lie ahead; especially if our Fair Trade acts, which have been the bulwark of our economic strength continues to be held invalid in many more states by the high courts.

Small businesses which comprise a very large segment of our economy, needs help and needs it badly. They are today struggling for their very existence, and whether or not they survive will depend entirely upon the realization by the public that the many services the small fellows on every corner renders to their customers year in and year out can only be continued if the independent retailers are able to earn no more than a reasonable and legitimate profit on the products they sell.

Large mail order houses for example have many thousands of their own private brands, which have full price protection, but the small dealers cannot afford private brands, and are therefore dependent upon brand name merchandise which they carry in stock. It stands to reason that if the independent retailer's right to earn a fair profit on the trademark products is destroyed by ruthless cut throat competition, then his right to survive is also destroyed and when this happens the community is bound to suffer.

Nobody can question how essential the small retailers are to the general welfare and progress of every community, but it seems we have never been able to put forth an adequate and forceful public relation program, from the national level on down to the individual states that would gain the support of Fair Trade by the public. If Fair Trade is economically sound, and we believe it is, we should have no fear in presenting our case to the public, because without their support, Fair Trade cannot long endure, nor can the many independent retailers survive. Our greatest problem is the attitude of many young retail pharmacists who have never experienced pre-Fair Trade days and cannot be made to realize the grave consequences that would result if we lose Fair Trade, particularly today when we are facing the most ruthless competition ever known in the history of Fair Trade.

We do not believe it would be such a difficult job to convince the public that small business men have been getting a terrible kicking around from financially powerful retailers who systematically use famous trade-mark products at cut prices as bait for customers. The Fair Trade laws were designed to prevent this type of competition.

We also believe that if our cause was properly presented, that representatives of consumers and labor would agree with the United States Select Senate Committee on Small Business when it said:—"The nation's economic well being depends to a large extent on the vitality of America's small businesses. Threats of price wars must be eliminated if that vitality is to endure."

We are fully aware that it is the duty of the members of the state legislature and also Congress to protect the consumers, but at the same time we have every right to expect the members of these two bodies, not to ignore the millions of consumers represented by those who earn their livelihood in small retail establishments and in manufacturing enterprises engaged in the distribution and manufacturing of trade mark commodities. It is obvious if our representatives in Congress are interested in preserving our system of free competitive enterprise, they should know that without small businesses, free enterprise just cannot survive. It should be brought to their attention that the welfare of small business is a matter of great public concern, and that it is not only their right but also their duty to enact measures (such as Fair Trade) to protect the small fellows from ruinous economic warfare.

Private Brand Vs. Fair Trade

Private brands are those owned by retailers, department stores, super markets, chains, discount houses and sold only in their own stores. The best estimate from authoritative trade sources is that private brands account for between 10 billion and 20 billion of annual retail sales in the United States. *Sale management magazine* provides these illuminating figures — Sears Roebuck volume 3 billion 800 million in 1958 which has increased tremendously since then, and 98 per cent were private brands. Montgomery Ward

volume 1 billion — 80 per cent were private brands. In other words Sears' 44 private brands, on which they established their own Fair Trade price, accounted for 3.5 billions of sales. Visualize if you can, this one giant retailer's private brands enjoyed a larger sales volume in that year than that of all the prescriptions, plus all the packaged medication sold in all types of outlets in the United States. In the same year according to Drug Trade News the volume of prescriptions and packaged medications was only 3.2 billions. At least when a manufacturer establishes a Fair Trade price on his product, it must be in free and open competition with other commodities of the same general class. But this is not true of these giant retail outlets who actually put a Fair Trade price on their private brands without any competition.

Public Relations Vs. Fair Trade

It would appear that our greatest fault has been the lack of a central clearing agency, which our group has long ago advocated. This agency should be national in scope, and have as its subscribers or supporters every segment of every industry who honestly believe in Fair Trade. This agency should be national in scope, and have as its subscribers or supporters every segment of every industry who honestly believe in Fair Trade. This agency should do nothing but disseminate propaganda favorable to Fair Trade. We do not mean it should attempt to mislead the public with false statements, but to let them know through paid newspaper articles, radio and television programs that Fair Trade is basically and economically sound, and has stood the test for the past 30 years. That the consumer because of Fair Trade buys only quality products with which the public is well acquainted and that without Fair Trade many small independents would be compelled to push inferior non-branded products due to ruthless cut throat competition. Also that no product can be fair-traded unless it is in free and open competition of products of a similar class.

We have failed miserably to inform the public, which could easily be accomplished under such a program, that Fair Trade is vital for the survival of millions of small retailers and their families, who are actually the backbone and pillars of strength in every community, and that without them no community could really prosper. We feel very strongly that if the American public understands the facts and purposes of Fair Trade, it will not knowingly act against small business. Instead, we have permitted the opponents of Fair Trade to create the false image of manufacturers fostering Fair Trade for the sole purpose of making exorbitant profits by establishing higher prices for their products under Fair Trade, and thus become extremely wealthy at the expense of the consumer.

On the other hand, let us take a look at the aggressiveness of the opposition, who is ever on the alert. When a severe blow or an adverse court decision is handed down against Fair Trade, immediately Wall Street Journal, prominent newspapers and magazines, etc. which always seem to be on the side of the big fellows, especially

when it comes to condemning Fair Trade gives wide publicity in their editorial columns and front pages to such news because they realize the psychological effect it will have upon their readers. It means that the people only see publicized those items detrimental to Fair Trade. How can we expect to win a battle when our opponents are fortified with the latest nuclear weapons while we have obsolete or practically no weapons at all? If, after all these years we are not in a position to justify the existence of Fair Trade, then we should be frank to admit that Fair Trade has failed, and we should ask for the repeal of all Fair Trade acts.

We feel the time is long overdue when we should present our case to the people directly by means of a carefully thought out program by our leaders. We have the greatest faith in the ability and intelligence of the American public to determine whether Fair Trade is beneficial or detrimental to their welfare once they are in a position to carefully weigh both sides of the question.

If we are gradually losing out on Fair Trade because of complacency then we have no grounds for complaint. If we are at fault by not making a concerted effort to give the public our side of the story, then it is time we change our policy, otherwise we are due for a rude awakening.

We are convinced that the rank and file would contribute their share of financial support for such a constructive program.

Purpose Of Fair Trade Acts

Fair Trade Acts were enacted to assure that retailers do not take advantage of their customers and competitors by unfair and deceptive practices. They are designed to prevent retailers from luring customers away from their competitors by advertising highly desirable merchandise at low prices and making up the difference by raising prices on other products. Another gimmick of the price cutter is being out of the product advertised and switching the customer after he enters the store.

We quote the above to show the inconsistency of the Federal Trade Commission which has very strenuously opposed the enactment of a Federal Fair Trade Act and has recently issued a pamphlet called "Guides Against Bait Advertising." It says that bait advertising is an alluring but insincere offer to sell a product or service which the advertiser in truth does not intend or want to sell. Its purpose is to switch customers from buying the advertised merchandise in order to sell something else, usually at a higher price, or on a basis more advantageous to the advertiser. The primary aim of bait advertisement is to obtain leads as to persons interested in buying merchandise of the type so advertised. No advertisement containing an offer to sell a product should be published when the offer is not a bona fide effort to sell the advertised product." It is very evident to us that the Federal Trade Commission does not intend to permit "bait advertising" and it is very hard to understand why the Federal Trade Commission is so bitterly opposed to Federal Fair Trade Legislation, which if enacted

would certainly go a long way in eliminating "bait advertising" and therefore correct the condition of which it complains.

Now let us try to follow the reasoning of the Department of Justice which has violently opposed a Federal Fair Trade Act. Recently, the government prosecuted electrical equipment manufacturers, charging them with criminal conspiracy that they kept prices artificially high. So the government suddenly becomes magnanimous—and is willing to go along with a consent decree with these manufacturers on their promise to refrain from selling at unresasonable low prices, meaning where there is a reasonable probability that the effect will be substantially to injure, suppress or stifle competition or tend to create a monopoly. Still nothing is said about the discount houses and chains right in D.C. and nearby areas, where they are selling many products to the consumer less than what the small independent can purchase them for from the wholesaler. Is this not injuring the small fellow to the extent that it is impossible for him to survive? Is it not likely this could be responsible for not one independent retail pharmacist opening a pharmacy in D.C. for the past few years? If the government is really concerned about the small businessman, then it should favor a Federal Fair Trade Act, which because of free and open competition fair-traded products are neither priced too high or too low, but at a price that not only gives a reasonable and fair profit to the small retailer, thus enabling him to remain in business, but what is more important, also protects the consumer by giving him a quality product at a price that is consistent with his pocketbook.

Should Fair Trade Apply To Prescription Drugs?

Despite the fact that we are in a strong position with the courts upholding the right of manufacturers to enforce their fair trade products when dispensed on prescriptions, there seems to be some differences of opinion within our own ranks, whether they should be fair-traded.

So that we may all have a better understanding as to the Maryland Court of Appeals and particularly the very able decision of Judge Wright of the New Orleans District Court, we would like to quote some of his remarks.

In the Hoffman LaRoche vs. Schwegman case, Judge Wright of the New Orleans District Court ruled that Fair Trade laws cover prescription sales and that removal of a manufacturer's trade mark or trade name from a fair-traded product does not exempt it from Fair Trade laws.

While it is not necessary to go into detail as to his entire findings, the following stands out:—

1—Manufacturer's good will and trade name are involved in a prescription specifying brand name regardless of whether the patient knows what brand has been prescribed. "Awareness by customer of the name of the drug in his prescription is not an essential factor in determining whether or not the

trade name of the manufacturer is utilized in selling a fair-traded product. The good will established in prescription drug trade marks, brands and names is inseparably bound with prescriptions which physicians write for their Patients," Judge Wright said.

2—When a customer (or a physician through a prescription) asks specifically for a named fair-traded trade mark product, the seller cannot avoid liability under the Fair Trade laws by removing the trade mark before delivering the product. In other words, when a product is specifically prescribed by brand name by the physician, and is not compounded with other ingredients, but is dispensed as prescribed, the physician is the fiduciary agent for the patient, and by ordering the product by the brand name, Fair Trade definitely applies.

3—That the products involved in the case were not advertised directly to the lay public; that the products were promoted directly to the physicians and other licensed practitioners in the healing arts, including pharmacists and hospital personnel. We had in other words squarely before the Court in the Hoffman-LaRoche vs. Schwegman case the question of the removal of the trade mark and whether the manufacturer's good will was affected and therefore subject to minimum resale price maintenance.

In his conclusions of law, Judge Wright said:—

"When a purchaser requests an article by trade name, the seller undertakes to guarantee to the purchaser that what is delivered is the named product."

The above case was appealed to the Fifth Circuit Court of Appeals, the latter upholding the lower court.

Schwegman then appealed to the United States Supreme Court, which refused to review the case so the decision stands as above.

The Maryland Court of Appeals upheld a decision of the Montgomery County Circuit Court holding Sav-Mor in contempt for violating an injunction forbidding it to sell Upjohn prescription items for less than Fair Trade prices. The company was held in civil contempt by the court, Upjohn being awarded \$4,185 for cost of litigation and attorney fees. The high court agreed with the lower court particularly as it applied to the fact that Maryland Fair Trade law is applicable to prescription drugs. Now Sav-Mor has appealed to the United States Supreme Court to decide whether prescription drugs are subject to Fair Trade Acts, pointing to the contention of the Department of Justice in the California suit in the current prescription fee anti-trust cases that prescription drugs are not sold under trade-mark or brand names and therefore not subject to Fair Trade Acts. It is most likely that the United States Supreme Court as previously will refuse to review the decision of the Maryland Court of Appeals, but could possibly change its mind and review the case because of the position taken by the Justice

Department that Fair Trade does not apply to prescription drugs.

We should not be surprised at the position taken by the Department of Justice that prescription drugs do not come under Fair Trade Acts in support of the charges that northern California pharmacists conspired to fix uniform prices on the ground that prescription drugs are not sold to the public under trade or brand names.

We do not want to be critical of the motives of the Secretary of A.Ph.A. who is exerting every effort to place pharmacy on a high professional level, but even many pharmacists who enjoy a large prescription business will admit that in order to be professionally sound, one must also be economically sound.

The following is a statement made by Secretary Apple of the American Pharmaceutical Association, which we would like to quote:—

"The American Pharmaceutical Association believes in the Fair Trade principles as applied to branded merchandise sold to the general public in pharmacies. In the compounding and dispensing of prescriptions, the charge to the patient is based on the fee of the pharmacist for the professional services rendered."

We take this to mean that the A.Ph.A. is a supporter of Fair Trade on everything but prescriptions, but it will be a very sad day for the independent retail pharmacists if prescription drugs are no longer fair-traded. At the present time we should all be very grateful that two high courts, the Maryland Court of Appeals and the Fifth Circuit Court of Appeals have upheld the right of a manufacturer to enforce Fair Trade on his products dispensed on prescriptions, thus enabling many small independent retail pharmacists to compete with his largest and powerful competitors, knowing that even if he must charge only Fair Trade minimum prices for his prescriptions, he will still be able to earn a reasonable and fair profit, thereby giving him a chance to survive.

While the courts have upheld the right to enforce Fair Trade prices on prescriptions, we do not know of any law that now says or will ever say that when a prescription is dispensed, the pharmacist is obligated to charge a professional fee, especially if the pharmacist is employed behind the prescription counter in a super market.

Mail order prescriptions as well as prescription departments in super markets, discount operators, etc. are constantly increasing, especially is this true at present with grocery chains taking over large drug chains, and who could compel them to charge a legitimate professional fee on the prescriptions thus dispensed. Without Fair Trade on prescriptions, because of their tremendous buying power on a direct basis in many instances, they could easily afford to charge only 20 per cent above wholesale cost of the jobber, and still make a nice profit on the operation, when they add to this the

15 per cent or more obtained by direct buying. Then we ask, what are the drug chains going to do? Sit idly by and watch the gradual loss of their prescription business which they have built up over the years taken away from them. Of course not. It is very plain that they can and will meet such competition.

A large number of independents cannot afford to buy direct and if forced to buy from the wholesaler, which they are, would soon commit suicide in attempting to compete under such circumstances. Even those who enjoy a large prescription business, would find it tough sledding, even though they buy direct, meeting such competition with their overhead expenses constantly increasing and their profits decreasing.

It is the aim of every pharmacist to have pharmacy recognized as a profession, and have professional fees prevail, but we had better do a lot of thinking before we attempt to accomplish this at the expense of advocating that Fair Trade should not apply to prescription drugs.

We should be very grateful that the high courts have decided that Fair Trade does cover items dispensed on prescriptions, otherwise, it is our opinion that price cutting on prescriptions would have a detrimental effect upon our profession. The temptation would be great, in order to meet such competition, for some small independents when backed up in a corner, to dispense generic name drugs when trade name drugs are prescribed, place greater emphasis on generic name prescribing by physicians, would encourage substitution and cut corners in many other ways, and when this happens, the public will lose all the respect it ever had for our profession. It is easy to say that such men should not be in pharmacy, but even some honorable men are tempted to violate all ethics in order to survive and earn a decent livelihood for their families, if they are compelled to meet such ruthless competition.

Eli Lilly Vs. Save-On Drugs

The United States Supreme Court in a very close decision (5-4) upheld the New Jersey Court in the Eli Lilly vs. Save-On Drugs, Inc. case which said that no manufacturer can enforce Fair Trade price agreements unless the company registers to do business in the state.

The lower court in its decision and which Justice Black in the majority opinion agreed was that:—

1. Lilly maintains a district office in Newark with Lilly's name on the door and in the building and city telephone directories.
2. Employment of a district manager, secretary and 18 detailmen are on a salaried basis.
3. Detailmen's visits to retail pharmacies, medical doctors and hospitals to give information on Lilly's products plus examination of retailer's stocks with recommendations on purchases.
4. Non-solicited orders turned over to local wholesalers.

"To say that Lilly is not doing business in New Jersey from the above facts cited is to completely ignore reality", said Justice Black.

He further added that Lilly's detailmen have been traveling throughout the state of New Jersey promoting the sales of Lilly's products not to wholesalers, Lilly's interstate customers, but to the physicians, hospitals and retailers who buy these products in intrastate commerce from the wholesalers.

It was Lilly's contention that, even if it is engaged in intrastate commerce, and New Jersey could require it to get a state license, the state could not deny access to the courts in this case because it grew out of interstate aspects of its business.

However, Justice Black disagreed on the ground that Lilly was suing upon a contract entirely separable from any particular interstate sale and the power of the state is consequently not limited by cases involving contracts. Although Save-On was a non-signer Justice Black noted that it was bound to observe Lilly's Fair Trade prices under the state law and the federal McGuire Act.

There are some things that concern us very much about this decision.

1. If the Fair Competitive Practice Bill (S-1722) is enacted would not an out-of-state manufacturer still be compelled to register in New Jersey in order to have access to the court for a Fair Trade violation.
2. This case establishes a very dangerous precedent and could deal a very serious blow to the future of Fair Trade because members of the legislature, ever alert for new revenue would be quick to attempt to enact a similar law in many other Fair Trade states, if they do not already have one to tax out-of-state corporations.
3. Will the many different interpretations of the courts, thus narrowing down the avenues of enforcement, as well as the expensive litigation involved, cause many manufacturers to consider whether it is worthwhile to continue on Fair Trade.
4. Another thing we must remember is that in the Parke Davis case, the United States Supreme Court ruled the company could refuse to sell to a price cutting retailer, but could not enlist the aid of wholesalers and other retailers to prevent the discounter from getting supplies. In other words, it must be strictly a unilateral action. But what is Lilly's position under the above Supreme Court ruling? Lilly does not sell direct to the retailer, and it cannot instruct the wholesaler to refuse to sell any retailer who is not observing Lilly's minimum resale prices. Now the United States Supreme Court decision would cut off the court enforcement route, which means that Lilly must register with state authorities, thus risking local taxation. The question is whether out of state concerns are

willing to undertake this extra burden in order to enforce their Fair Trade contracts in all states.

The state registration law of New Jersey requires each company doing business within that state to file a copy of its certificate of incorporation and a statement telling the amount of its authorized and issued capital stock, the nature of its business in the state, and the addresses of its principal office and agents in the state.

Fair Competitive Practice Bill

On April 27, 1961, Senator Hubert H. Humphrey of Minnesota introduced a new Fair Trade Bill, co-sponsored by Senator William Proxmire of Wisconsin. This bill is now known as "The Fair Competitive Practice Bill", and we hope this new characterization of the bill which has the same objective as a Federal Fair Trade Act will prove most effective, but one thing is surely certain, and that is our opponents, no matter under what name it is designated, will not relax in their efforts to defeat this legislation.

We must all realize after much previous stubborn resistance by the opposition during the past few years, that bringing about its enactment is not going to be an easy task, but it can be accomplished if we can get the wholehearted support not only of the entire drug industry, particularly the retail pharmacists, but also many non-drug interests.

We of course, must realize that our job is going to be more difficult than previously, because of the lateness of the Congressional session, and it is apparent that the supporters of the Madden Bill are not favorable to our cause.

The Madden Bill supported by Quality Brand Associates ties in more closely with trade mark or brand ownership, while the Humphrey-Proxmire bill is based more on use of the product involved. Resale Price Maintenance however, is the objective of both bills.

It might be well to point out there is at least one distinct disadvantage in the Madden Bill, that it does not provide for any relief for the retailers. That is no retailer could sue another retailer under the Madden Bill, as would be possible under the "Fair Competitive Practice Act."

It would seem to us that our success in enacting S. 1722 would be tremendously improved if we could convince the sponsors of the Madden Bill that for the good of all concerned they should lend their support because with both groups pulling in the opposite direction it will make it more difficult for Congress to act favorably upon any Fair Trade legislation. We must not forget that we can expect formidable opposition from the Department of Justice, the Federal Trade Commission and other departments of the government, and unless there can be some sort of reconciliation between the two groups, one cannot be too optimistic as to the final outcome of this legislation.

Said Secretary Dargavel:—

"The task ahead is indeed formidable. But a thousand difficulties ought never to constitute a single doubt about our ability to do the job successfully. What must be done to enact S. 1722 can and will be done, provided that all of us work together with aggressive determination."

Secretary Dargavel's statement speaks for itself.

We believe this legislation is necessary if the small businesses of America are to have a chance to survive and make their indispensable contribution to our economic and social growth.

On June 15th, Representative Oren Harris—Chairman of the House Interstate and Foreign Commerce Committee introduced in the House a Fair Competitive Practice Bill H.R. 7685. This bill closely resembles H.R. 1253, the national Fair Trade bill which Congressman Harris introduced in the 84th Congress (1959-1960).

It means that the Fair Competitive Practice Bill has now been introduced in both Houses of Congress, and we should lose no time in putting forth our best efforts to have this bill enacted.

New Virginia Fair Trade Law

In view of the fact that the Virginia Supreme Court had previously put the original Fair Trade law into discard, it was indeed very heartening that the high court a few months ago upheld a new Fair Trade law which now avoids the non-signer pitfall. As stated previously the non-signer clause has been responsible for 16 states declaring invalid their Fair Trade Act on the ground that this provision violates the due process clause of the state constitution. Like the Humphrey-Proxmire "Fair Competitive Practice Bill", which also includes this notice provision, "That acceptance for resale with actual notice shall be deemed to be assent to the terms of the contract", it very cleverly gets around the non-signer clause. This new Virginia definition of "contract" is stated to be any agreement whether written or verbal, by mail, or if the price is stamped or attached to the product or container. Therefore, when the retailer accepts the product, he thus becomes a party to the Fair Trade pricing contract which is binding. While we have every right to rejoice at such a favorable decision, it is questionable in the opinion of some authorities whether the United States Supreme Court will agree with the interpretation of the high state court.

While it is true that the United States Supreme Court has refused to review lower court decisions upholding Fair Trade's federal constitutionality, Standard Drug chain in its appeal to the United States Supreme Court hopes the "contract notice" law will provide new grounds for challenge. It is our hope that the high court will review the decision which if favorable would certainly enhance the chances of enacting a Federal Fair Trade law.

If unsuccessful, it will at least tell us where we stand in regards to such a law.

It is our opinion that if the United States Supreme Court should by its decision be favorable to the high state court of Virginia, we should without any delay give very careful consideration of the wisdom of seeking legislation in each of the affected states that have outlawed Fair Trade because of the non-signer clause which would follow the general pattern of the Virginia Fair Trade Act.

Many here today will no doubt remember the many years spent in attempting to enact the Capper-Kelly Resale Price Maintenance Bill, and when it finally passed the House, it was a meaningless bill. Now we do not mean to infer that we can expect the same result from the Fair Competitive Practices Bill, as no one can anticipate the final outcome of this legislation, but we should, due to past experiences endeavor to save valuable time by preparing ourselves accordingly. That is, while we are undertaking to enact a Federal Fair Trade Bill, we should at the same time make every effort to have as many non-fair trade states as possible pass legislation similar to the Virginia Fair Trade Act, which follows the general pattern of the Federal legislation now in Congress. We believe this legislation if enacted in individual states would not only restore the benefit of Fair Trade to the retailers, but would change the thinking of the high court in those states that had previously turned thumbs down on the non-signer clause; because the entire Fair Trade structure would be on a more firmer foundation. Furthermore, it cannot be denied that the chances of enacting this legislation in the state legislature is surely less difficult than attempting to enact it in Congress, and can be accomplished in a much shorter period of time. But the most important thing is, that if enacted in the state legislature, these states would be able to carry on if there should be a delay in passing a federal bill, and it would also be a tremendous influence upon their representatives in Congress in voting favorably for the Fair Competitive Practices Act.

The following announcements were made:

President Goldfeder acknowledged the services of Herman and Leo Bloom, Paramount Photo Services, who were taking all Convention photographs without charge as a Convention courtesy.

Sam A. Goldstein, President, Baltimore Metropolitan Pharmaceutical Association was recognized.

Meetings of the Nominating and Resolutions Committee were announced.

Concluding prize drawings were made for the day and the Second Session was adjourned at 1:30 P.M.

THIRD SESSION**Wednesday, July 5**

The Third Session of the Seventy-ninth Annual Convention was called to order at 10:30 A.M. by President Harold M. Goldfeder. President Goldfeder turned the gavel over to First Vice President Norman G. Levin, announcing Mr. Levin would serve as Chairman of the Third Session.

The Early Bird prize was won by Albert Rosenfeld, Read Drug and Chemical Company.

Chairman Levin introduced Dr. Robert L. Swain and invited him to make some remarks.

Dr. Swain mentioned he had been a member of the Maryland Pharmaceutical Association since 1909 and had noted considerable progress during the years he had attended Association meetings. Dr. Swain remarked he was impressed by the committee reports rendered at the First Session. He said the reports indicated a tremendous amount of work and interest in the problems of Pharmacy. In his opinion, the reports represented "Pharmacy In Action." He mentioned that he was greatly impressed by President Goldfeder's address, the Legislative and Secretary's reports. Dr. Swain paid special tribute to Simon Solomon with regard to his knowledge and efforts on behalf of Fair Trade. He stressed the importance of teamwork in order to overcome the enemies of pharmacy. "This today is more important than quarrels and dissention among ourselves," he said. Dr. Swain's summary and remarks were well received.

Chairman Levin introduced Chester Kosokowski, a pharmacist and member of the House of Delegates of the Maryland Assembly. He informed the Convention of Mr. Kosokowski's interest in the problems of pharmacy and stressed the importance of having a pharmacist in the Legislature.

In presenting the speaking program for the day, Chairman Levin said, "As is the custom, the Maryland Pharmaceutical Association plans its Convention Speaking Program so that those attending the Convention will have an opportunity to hear top speakers talk on the most timely subjects of the day. Yesterday, you heard Mr. Jehle, Washington Representative and Associate Counsel of the N.A.R.D., give us an excellent account on Small Business particularly as it affects Pharmacy.

"Today we are going to hear a Panel Presentation, by outstanding speakers, on the cost of Medical Care; Medical Care Legislation; and the use of Generic Drugs in Welfare Programs. All of these vitally affect Pharmacy. I am sure you will gain valuable information by listening and participating in the Program."

Mr. Levin then introduced Second Vice President Victor H. Morgenroth, Jr. as Moderator of the panel presentation: "Health Programs and Pharmacy."

After preliminary remarks explaining the purpose of the presentation and the procedure to be followed, Mr. Morgenroth

introduced the first speaker, William E. Woods, Assistant to the Executive Vice President, National Pharmaceutical Council.

TODAY GENERIC EQUIVALENTS ARE EVERYBODY'S BUSINESS

**William E. Woods, Assistant to the Executive Vice President
National Pharmaceutical Council**

It is always a pleasure to participate in pharmacy affairs with your able Secretary Joe Cohen, but relaxing and attending to business at this world famous vacation area is certainly a pleasant way of getting down to work. While I assure you that it is a distinct honor to be on your program, I would like to add that I am humbled by a realization that the state of Maryland has produced many of pharmacy's greatest statesmen and leaders and that I am speaking to an extremely well informed and knowledgeable audience. In this connection may I congratulate those with the forethought to plan this session as a forum for looking ahead in medicine and pharmacy.

I will limit my discussion to the effect the so-called generic equivalents may have on the future of pharmacy. Many of the programs involving generic equivalents affect the future of all pharmacists whether they be in retail, hospital, wholesaling or manufacturing areas. The matters of compulsory generic prescribing, welfare prescriptions, and hospital dispensing furnish good examples of the depth of the problem.

Here then are some of the central issues which have crystalized from the discussions: 1. Are drugs equivalent when they have the same generic name? 2. Is it safe to assume they are equivalent? 3. Who is able to ascertain equivalence? 4. Should physicians be prevented from prescribing drugs of their choice by trademark names? Should physicians be compelled to prescribe by generic names and allow some one else to decide which brand his patient will receive?

With these questions in mind I would like at the outset for you to consider quotations from three distinctly different sources indicating the interest of officials in government, the medical profession and the public.

1. Let us begin by considering a statement by Senator Philip A. Hart of Michigan. In 1960 the Subcommittee on Antitrust and Monopoly of the Committee on Judiciary of the United States Senate held hearings on generic and brand names. At the conclusion of those hearings Senator Hart as acting chairman of the Committee summarized the testimony. He said in part:

"Surely, the testimony indicates that increasing controversy is developing in the drug industry as to the desirability of broadening this method of prescription. Assuredly, there is a deep conflict of testimony, but of greatest concern to the committee, I think, is the fact that there is conflict even on the most basic of all questions—and that is whether it would be safe, quite

aside from whatever economic harm or good that might result: Would it be safe? There is question even with respect to the form of generic prescription used in hospitals and other quasi-public institutions."

2. Now let us turn to the views of the medical profession. Certainly the physician has a stake in this matter because he prescribes the drug and is responsible for the patient who takes the drug. Last August at the annual convention of the American Pharmaceutical Association the late Dr. Louis M. Orr, past president of the American Medical Association made this comment:

"In brand names I have found all of these important qualities. I expect to continue to find them. And consequently, I expect to continue to prescribe most of my drugs for my patients by brand name.

"How is the physician to tell whether the so-called 'generic equivalent' is indeed, equivalent?"

3. With the prominence given to the so-called generic equivalents during the past year it is quite natural to find coverage in lay publications. Let me draw your attention to one. The *Consumer Reports* is critical of the drug companies in certain respects but in the May 1961 issue the article on drugs contained this caution:

"Physicians must have assurances that every drug put up for sale meets adequate standards of purity and potency. At the present time, the FDA has resources enough to test the quality of only a small fraction of the drugs sold in interstate commerce. Adequate funds and staff must be provided for a more comprehensive job of testing drugs and supervising manufacturing methods."

These three quotations should emphasize the diversified interest surrounding the so-called generic equivalent controversy.

In connection with drugs that fail to meet U.S.P. standards the FDA submitted a chart to the Senate Subcommittee showing some impressive statistics on drug seizures by FDA over the past ten years. During this period 8,376 samples were examined from 28 companies which manufactures 87% of America's pharmaceuticals and FDA found only 4 composition violations. On the other hand 8,621 samples were examined from the other 1,200 firms and FDA found 484 composition violations. So products from the 28 firms doing 87% of the business accounted for .08% (less than 1/10 of 1%) of the violations while the other 1,200 firms doing 13% of the drug business in the country accounted for 99.92% of the violations.

Even FDA Commissioner Larrick told the Committee that the U.S.P. standards serve a purpose only if they are complied with.

A forthright warning in 1960 by the president of the National Association of Boards of Pharmacy, Mr. Robert J. Gillespie of Michigan, points up the concern boards of pharmacy have over sub-

standard drugs. Here are the cogent remarks of Mr. Gillespie who is recognized as one of the ablest of our professional leaders:

"If the various proposals to extend the use of generic names should be seriously accepted by the professions and some effort made to implement these proposals, we can, as enforcement officials, expect a mushrooming of these submarginal operators with the eventual result that we shall return to those days when drugs rarely met prescribed standards and adulteration was the rule rather than the exception. Public confidence in the drug industry might well then be completely shaken. This could spell the end of private initiative in the drug field and bring us all under a regimented system of state or national medicine."

At this point I would like to clarify the position of the National Pharmaceutical Council, Inc. by saying we are not opposing the practice of voluntary prescribing by generic name. Since prescribing is a physician's professional prerogative, I am willing to assume that when a physician prescribes by a generic name he has a good reason for doing so. In such a case perhaps he knows which brand will be dispensed. I do submit, however, that future health care is endangered by proposals that physicians be compelled to prescribe by generic names.

This position is consistent with resolutions by the American Academy of General Practice and the Association of American Physicians and Surgeons "vigorously opposing any proposed method by which physicians would be compelled to prescribe drugs by generic name solely, and unqualifiedly support the free, untrammelled and traditional method of prescribing drugs either by trade or generic name."

Welfare Prescriptions

In connection with this reference to positions taken by responsible medical groups a discussion of the subject of compulsory generic prescribing and dispensing for welfare patients seems appropriate.

In 1960 the welfare departments in several states began to demand or urge that physicians prescribe generically and that retail pharmacists dispense the so-called generic equivalents. Some physicians were even led to believe that companies put out two types of products: one exorbitantly expensive line bearing trade name labels and another inexpensive group of products of the same quality to be dispensed only when the physician prescribed the drug by generic name. Other physicians assume that generic prescriptions will be filled only with products made by highly reputable and well known companies at greatly reduced prices. I don't need to point out to you the fallacies in these assumptions, but it does emphasize the job pharmacists have on their hands in getting the facts to uninformed professional people and to the public. Today too few people realize there is no difference in the

cost of a prescription whether written by trade name or generic name if only one company manufactures the product under a valid and legal patent.

To clarify what I am saying let me tell you what some of the states are doing about welfare prescriptions. This information will point up the misinformation existing in the minds of some welfare department administrators and the liability they are willing for physicians and pharmacists to assume in dispensing generic equivalents. Of one thing you may be sure, I don't know of one welfare department willing to assume the legal responsibility for selecting brands of so-called generic equivalents. Instead of bearing this liability their regulations or legislation say:

1. All vitamins and tranquilizers will be excluded.
2. 80 drugs must be prescribed generically.
3. 25 drugs must be prescribed generically.
4. Pharmacist must fill prescriptions with best generic equivalent available.
5. Emphasis will be made on savings through use of generic equivalents.
6. Seventeen specific drugs will be paid for at generic price only.
7. Prescription blanks used bear a pre-printed statement "or U.S.P. equivalent."
8. Drug nomenclature on prescriptions must conform to list which is generic.
9. Non-formulary drugs must be approved by a screening state doctor. Tranquilizers and anticholinergics are not approved.

There are more regulations I could quote, but from these you can foretell what the future holds and what the pharmacy profession in each state will have to face. There are answers and solutions to the problems that will arise in this area and I hope what I am saying to you today will provide you some of the answers you will need when you sit down with state, county, and city welfare department officials.

The question of savings to the state government were discussed in the January 1961 issue of the Rhode Island Medical Journal:

"The (Rhode Island) Division of Public Assistance examined 10,000 drug prescriptions for welfare recipients for the purpose of determining the actual savings to the department of generic versus trade name drugs. The drugs had cost \$28,000. Substituting generic drugs whenever possible would have produced a saving of less than 5 per cent (\$1400). Syracuse has made a similar study in drug costs with comparable results."

To these statements I would only add that regardless of the extent of increase in FDA personnel the only real assurance of

strength, quality and purity of drugs is the integrity of the manufacturer. It is doubtful that FDA could ever test both chemically and clinically every batch of every food, drug or cosmetic manufactured.

Mr. Paul Rand Dixon while serving as the Subcommittee Counsel observed during the hearings:

"But as long as there is any scintilla of evidence that there perhaps may be on the market under generic name drugs of varying quality, certainly the doctor would appear very sound in being cautious about prescribing generically."

President Dardano of the N.Y. Pharmaceutical Society recently referred to indirect economic pressure put on the retail pharmacist dispensing welfare prescriptions to dispense products made by a 'generic' or 'substitution house.' He then reminded the New York pharmacists that "customers have come to know their own neighborhood pharmacist as a man who would not stock, sell or more important dispense any product that he would not give his own family."

Consider that statement for a moment. Doesn't it reflect honor upon retail pharmacists and isn't it an accurate evaluation of the moral integrity of the overwhelming majority of pharmacists in America.

Counterfeit Drugs

While time does not permit a discussion of counterfeit drugs I am going to put them in a category of the so-called equivalent drugs for they are certainly being dispensed in place of the drug prescribed by the physician. Many authorities use the terms "Chinese copies" and "commercial hitchhiking" in referring to these phony drugs.

In this area of professional sabotage it is not the manufacturer alone who suffers, for the ethical pharmacist finds himself competing with the purveyor of substandard imitations. A public peril is present wherever counterfeit drugs are dispensed.

To cope with this situation the NPC Law Committee after surveying state laws on the subject of counterfeiting drafted a model drug counterfeiting law for such use and consideration as the state boards of pharmacy and state pharmaceutical associations wish to make of it. The purpose of the model bill is to maintain public confidence and to deal with all kinds of counterfeiters. We feel the mere existence of such a state law will deter the "fast buck operator."

Hospitals

Now I would like to comment on hospital pharmacy. Professional leaders admire the dedication and accomplishments of hospital pharmacists. Their professional pride has been a stimulus to all segments of pharmacy. There are however, some hospital and government spokesmen who seem to leave the impression that

all hospitals can safely buy and dispense the so-called generic equivalents. I hope what I have previously said will dispel such fuzzy thinking.

The real problem in hospitals is whether all pharmacists and especially lay hospital personnel realize the danger in assuming equivalency. I have been told by a few hospital pharmacists that they are satisfied if the labels bear "U.S.P." even when the manufacturing company is unknown to them.

While on the subject of reputable companies, I should mention that some misdirected individuals accuse large companies of being the only ones interested in brand names. This is just not consistent with the facts because there are a number of highly ethical and reliable small companies whose future success depends on protection of their trademarks.

Now let's consider another suggestion made by hospital leaders.

I am amazed when a hospital pharmacist (usually in the government) outlines in minute detail the many controls and protections built into the hospital formulary system and tells of the critical review and evaluations made of drugs by the pharmacy and therapeutics committee and then turns aside to say that retail pharmacists can do the same thing if they will only get their physicians signed up on prior consent forms. I ask you, is the drug evaluation by a group of physicians unnecessary for the community pharmacist or is it necessary for the hospital pharmacist? I don't see how it can be both. Even this safeguard, if it is indeed a safeguard, is being waved aside in welfare programs.

Since hospital leaders have referred to analysis and control of drugs in hospitals permit me to touch on another point. I would suggest that the administrator and pharmacist of each hospital where generic equivalent dispensing is being attempted reduce to writing the drug analysis and testing that the pharmacist is capable of doing and the equipment he has at his disposal and is skilled in using. Such a procedure may prove useful if a lawsuit evolves. It is more likely, however, that a review of such a written procedure will lead to less generic equivalent dispensing in hospitals.

In connection with the drug dispensing problems associated with hospital formularies there has been very little discussion in hospital journals about the difficulties which may arise if hospital personnel assume that all drugs with the same generic names are equivalent. *Modern Hospital* (June and November 1960) and *Hospital Management* (April, May, June '61) have pointed out some of the pitfalls. Consequently it is understandable why administrators, purchasing agents and other lay hospital personnel could have reached unsupportable conclusions regarding equivalency.

However, recently *Hospital Management* carried a three part editorial on *The Hospital Drug Formulary* (April, May, June 1961 issues). In the May issue this observation by the editor, Dr. Charles

U. Letourneau, appears concerning the Statement on Guiding Principles on the operation of the hospital formulary system:

"This statement seems to imply that if a physician does not sign the agreement, he is not abiding by the bylaws, rules and regulations of the hospital. The question here, however, is whether or not the hospital has the legal right to impose bylaws upon practicing physicians in the hospital which may be in violation of the Medical Practice Act of the state. Hospital bylaws must conform to the laws of the land. If they are in conflict with a statute or with the common law, the bylaws are ultra vires (beyond the power) the hospital. The hospital board of trustees has no right to exact such a consent from a physician as a condition of practice in the hospital because it is not within his competence to divest himself of this authority."

Parenthetically it may be said that a similar question could arise over welfare prescriptions.

The Guiding Principles referred to by Dr. Letourneau represent a joint statement adopted by AHA and ASHP September 1960 on the operation of hospital formularies.

The Texas Medical Association also has concerned itself with the Guiding Principles for they adopted the following resolution April 23, 1961:

"WHEREAS, in its 1960 meeting in San Francisco the American Hospital Association encouraged its member hospitals to demand prescribing by generic name only, and

* * * *

"WHEREAS, this compulsory procedure in hospitals would substitute for the judgment of the individual physician, the judgment of the hospital pharmacist, purchasing agent or staff committee, and

"WHEREAS, compulsory prescribing by generic name only would lead to great confusion and difficulty, particularly in the use of mixtures; therefore be it

"RESOLVED, that the Texas Medical Association in regular session, April 23, 1961, opposes any method by which physicians would be compelled to prescribe drugs by generic name only, and be it further

"RESOLVED, that this action be made known to the American Medical Association, the Texas Hospital Association, the American Hospital Association and the Pharmaceutical Manufacturer's Association."

As an aside you will be interested that this statement which encourages generic prescribing and restricts the number of brands stocked and which aims to establish drug dispensing procedures in 7000 hospitals, to the best of my knowledge, was never discussed prior to its adoption in September 1960 with representatives of the

pharmaceutical manufacturers whose products and trademarks are involved or with the American Medical Association whose members write the drug orders in hospitals.

I feel confident that the vast majority of pharmaceuticals dispensed in America's hospitals are of the highest quality. That this is so is a monumental tribute to the professional morality and integrity of the 5,000 hospital pharmacists. In spite of some of the proposals to abolish patents and trademarks for drugs and to compel generic prescribing, the majority of hospital pharmacists have stood firm and resolute in their demand for quality drugs from companies of known, demonstrable integrity and competence. Too, these hospital pharmacists have shown consideration for the physicians prerogative to select drugs or brands of drugs for their patients. In concluding this discussion of hospital pharmacy, may I leave this thought. Isn't it time that all hospitals provide the physicians of America with an easily understood procedure for getting particular brands of drugs for their hospital patients? Too, should hospitals be allowed to dispense drugs without keeping a record of the brand of the drug administered to hospital patients?

What I have discussed here is not just a technical or drug usage problem. I am convinced that it more nearly involves a question of whether we will continue to have private practitioners of pharmacy and medicine and a private industry operating our pharmaceutical companies financing their own research and succeeding or failing on whether they produce quality pharmaceuticals that will establish a reputation for integrity. Of course the alternative is for this country to reduce our pharmaceuticals to the lowest common denominator with no reward for excellence and with all research financed and conducted in government laboratories. If we go to the latter system, you can be sure that the practice of pharmacy and medicine will be directed by push button control by the bureaucrats along the Potomac in Washington.

We have all heard that in many ways history repeats itself. During the past two years at times I have considered this often used expression and thought that it might apply to the pharmacy profession if it has held true with economic trends and governmental policies. A little research into matters pharmaceutic of yesteryear turned up something I found very interesting and I believe you would like to know about it. The following statement appeared thirty three years ago (1928) in a prominent pharmaceutical journal, *The Druggists Circular*:

"In a recent warning against substitution sounded by S. A. Herzog, counsel for the New York Pharmaceutical Conference, . . . he called the attention of members to the risk they ran if they follow the practice of selling a substitute in response to a request for an article sold under a registered trade name. . . . every druggist should be most careful when asked for a product by a trade-name and see that he sells that product or none—not a chemical equivalent, not another product with the identical

formula, not one under a dispensatory synonym, but the one asked for."

Wouldn't you agree then that whether speakers employ the term 'chemical equivalent' as used in 1928 or 'generic equivalent' as being used in 1961 that history is repeating itself. Shouldn't the public join us in thanking our forefathers who in 1928 effectively dealt with the stargazing proposals for dispensing 'chemical equivalents'. I believe the pharmacy leaders of today will be equally successful in bringing order out of the present controversy. Don't the signs of the time require that all segments of pharmacy along with the other health and medical professions tell the public unequivocally and effectively the hazards of second class drugs whether they be so-called equivalents or the products of counterfeit pirates. How else can the public know the dangers involved? How else can we avoid drug dispensing by non-pharmacists, mail order prescriptions, substandard manufacturers, coded prescriptions and compulsory generic prescribing and dispensing? We all know that pharmacy opposition to these innovations is not based upon selfish or economic interest, but is predicated on many years of sincere concern for the health of a deserving American public.

It has been an honor for me to be on your program. The companies belonging to the National Pharmaceutical Council have kept faith with the professions and the public for many years. These companies recall as do you the struggling years we were all working with drugs for symptomatic relief. When we had very few specialty trademark products and only a few high potency pharmaceuticals for specific treatment. Just remember that it is not the companies who are saying that M.D.'s should be forced to prescribe by trade name. To the contrary it is the proponents of the generic equivalents who say the right to prescribe by trade name should be taken away from the M.D. Nomenclature is one thing and the therapeutic activity of a so-called equivalent is another. If we are being asked to abolish patents and trademarks for drugs and to return to those days of fewer incentives, wonder drug unavailability and higher mortality, we must examine the proposition very objectively to be sure we are not driving another nail into the coffin of democracy.

Recently, I read a meaningful statement by the father of our country, President George Washington, which seems a fitting note on which to close my discussion. The state of Maryland and its leaders in government and in the profession of pharmacy have been closely associated with our national capital throughout the years. On the occasion of this holiday meeting celebrating America's independent freedom and at a time when pharmacy's whole professional structure is imperiled, let us find inspiration and a blueprint for action in these words of Washington:

"Government is not reason, it is not eloquence—it is force! Like a fire it is a dangerous servant and a fearful master; never for a moment should it be left to irresponsible action."

Mr. Morgenroth thanked Mr. Woods for a very informative talk. He urged all to jot down questions on Mr. Woods' talk to be asked later.

The second speaker was introduced. He was William deVeer Washburn, President American Health Insurance Corporation whose subject was "Whoever Pays the Piper."

WHOEVER PAYS THE PIPER

**William deVeer Washburn, President
American Health Insurance Corporation**

The ancient Greeks had a maxim which is still true today, translated as "Whoever pays the piper calls the tune." It is an indication of my topic, for which a full title would have been "The Effect on Pharmacists of the Economics of Financing of Medical Care".

For 134 million Americans, the basis of their program for payment of medical care is their hospital insurance. At one time, "hospital insurance" and "Blue Cross" were synonymous to most people. You may be surprised to know that while the Blue Cross Plans cover 58 million, insurance companies cover 79 million people for hospital insurance in the United States. This adds up to more than the total covered because of some duplication. Almost all of these people also carry surgical insurance and the majority carry coverage for in-hospital medical care costs.

Before we look at the effect on the pharmacists of the greatest single vehicle of payment used by the public, let us look at the vehicle itself.

Hospital insurance first became popular in this country in the early '30s, following the sponsorship by hospitals of Blue Cross Plans in some of the larger cities. After 10 years, by which time about 15 million people were covered, Blue Cross was still insuring 90% of the total. Thus the pattern for hospital insurance was originally set by the hospital-sponsored Blue Cross Plans. It is the pattern that we see today.

When the organizers of the Blue Cross Plans went to the hospitals in each area and asked them to not only sponsor this kind of prepayment insurance but to give them a discount for their subscribers-to-be from the regular published charges for the hospital services covered, and, still further, to guarantee the financial performance by Blue Cross to the public by agreeing to give services to the Blue Cross subscribers whether or not the money was then in the till of the Blue Cross Plan to pay the hospital, they received a fairly ready assent.

Even with the reasonable stipulation that the hospitals should control the Board of Trustees of a plan, why should hospitals have been expected to go out on a limb in this manner?

The answer lay in the financial predicament in which the hospitals then found themselves. The Depression was on. Financial

contributions of the wealthy, on which the hospitals had historically depended so heavily, had slowed to a trickle. Hospital wards were overtaxed in attempting to care for the traditional patient-load of medically indigent. The private and semi-private rooms, however, were mostly empty because of the inability of people to pay substantial hospital bills.

There is a saying that "the most expensive hospital bed to the hospital is the empty bed". This is because overhead cost is such a large element in the budget of a hospital. Thus, any income that could be secured to the hospitals for usage of their semi-private rooms, or for private rooms which could be converted to semi-private, could be regarded as "plus" income and was very much to be desired. The proposed Blue Cross scheme offered a chance to put patients in those empty beds and, what is more, a means of collecting the cash or at least some of the cash from those patients by letting them budget the cost of their hospital care on a monthly basis through an insurance plan. Quite naturally the hospitals saw the merit in sponsoring, guaranteeing financial performance of, and giving a discount to the Blue Cross Plans.

It is not surprising, since the Blue Cross Plans were largely the creatures of the hospitals themselves, that they were originally designed and have always been patterned to **encourage use** of hospitals and **minimize** or eliminate the **need** for the **hospitals** to **collect cash** from patients **for services** covered by the Plans.

The public liked these essential features and the insurance companies found that if they wanted to compete favorably for the business they had to offer coverage which made hospitalization easy and which paid as much as possible of each hospital bill, even for minor and run-of mine hospital stays for which insurance was needed but little, if at all.

By being written in such manner as to encourage use of hospitals, has the practice of medicine been changed by hospital insurance? Yes, definitely! Hospital insurers first noticed this change when their statistics began to show a shift in proportion between surgical and non-surgical cases.

In the earlier days of hospital insurance, disregarding obstetrical cases, there were two surgical cases for each non-surgical case admitted to the hospital. Within so short a period of time as 10 years we saw this ratio change and become the reverse: two non-surgical cases to each surgical case. Your first thought might well be that less surgery was being performed, but if you checked as we did you would learn that the incidence of surgical procedures to the number of individuals covered remained approximately the same. What happened was that the ratio had not changed from two surgical to one non-surgical, but had rather changed to a picture showing two surgical to four non-surgical hospital admissions. Non-surgical cases in the hospital had tripled. This caused the total number of hospital admissions to double. This trend in increased utilization of hospitals for non-surgical, non-obstetrical cases is continuing, as

you all know if you read the papers about some of the reasons for the Blue Cross rate increase spiral.

In trying to explain this trend, some advanced the opinion that the busy doctors were hospitalizing patients for the convenience of the doctors rather than make home calls. They said "since insurance will pay the cost, the doctor arranges matters so that he can call on 8 or 10 patients in the hospital, look over their charts, chat briefly with the patients and the internes and nurses and get home for a hot dinner. His alternative would have been much greater time and mileage spent in making home calls, taking temperatures, listening to long-winded explanations by relatives, a late, cold dinner and a disappointed wife. Can you blame him"

Others said, and I quote "directly from a physician": "There is a certain implied 'pressure' on the considerate physician to hospitalize his ambulatory patients for needed care and studies so that these will be compensated for by insurance."

The patient may leave the doctor he trusts, and who knows him, if this kind of "cooperation" is not forthcoming, in order to find a physician who will give him treatment within his insurance coverage."

Since all doctors are not located conveniently to the hospitals, there is also a demand on the practicing physician for reference of the case to a specialist who will give care and treatment in the hospital, with insurance of course paying the bill.

There is not much doubt in my mind that the presence of hospital insurance in the picture, as it is presently written and administered, is contributing substantially toward a trend to "institutionalized medicine" with the hospital as the center of medical care. One need only read the "future planning" articles of the hospital administrators to realize that they also believe that their institutions will furnish the great bulk of all medical care and treatment in the not too distant future.

You have probably also read, as have I, the articles bemoaning the passing of the "good old family doctor," the general practitioner. He just doesn't seem to belong in the scheme of things anymore, according to many informed observers, including some of the more aware of the general practitioners themselves.

Other professional people concerned with the situation have seen what is going on. I quote from the comments of an independent pathologist in the May issue of our Maryland State Medical Journal: "The manner in which this specialty developed, together with its insurance coverage, has brought about a situation in which pathologists are unable, in general, to practice medicine in hospitals in a manner consistent with the ethics of the medical societies to which they belong.

The problem is further complicated by the recent publication by the American Hospital Association of a manual of principles dealing with hospital-physician relations which conflict in many respects with the ethics of organized medicine.

The implications of this situation may have detrimental consequences for all private practicing physicians and for the quality of laboratory medicine. A recent attempt has been made to offer pathology and radiology services on an out-patient basis in hospital out-patient departments under Blue Cross. If this attempt had been successful, it is reasonable to presume that other medical services would soon follow. If Blue Cross extends coverage to all medical services in the out-patient departments of hospitals, this might lead ultimately to a cessation of medical practice in the physician's private office.

Ethics are necessary in the practice of medicine so that physicians can offer the highest quality of medical service to patients in the most economical manner. In order to practice this quality of medicine, physicians, regardless of specialty, must remain independent of hospitals, insurance companies, and other lay organizations. If the private practice of medicine is to be preserved so that these high standards can be maintained, it is essential that all physicians be permitted to practice in an ethical manner and the medical profession unite to prevent further encroachments on medical practice."

The spectrum of care and of diagnostic services available through specialists in internal medicine on a much more economical basis than the same services are given in hospitals to bed patients, furnishes another area to illustrate our point.

Do you suppose the general practitioners and the internists are so concerned about the difficulty of attracting future doctors to their ranks because of the encroachment of the institution-centered, insurance-purchased services?

With the private practice of medicine, as we have known it in the past, on the wane and the institutional practice of medicine on the increase, who do you think is going to write the prescriptions?

With the continuing strong trend toward medical care given to hospital bed-patients or in hospital out-patient departments, on a much more intrinsically expensive basis than in homes and doctors' offices, who do you think is going to fill the prescriptions? In 1929, hospitals and dispensaries bought 13% of total drugs manufactured in this country and drug stores handled 74%. In 1959, drug stores handled 56% of drugs manufactured in the United States.

Gentlemen, it has always been true that "whoever pays the piper calls the tune". The current trend in the economics of payment for medical care in the United States through hospital insurance had and will continue to have a substantial effect on the profession of pharmacy. It is high time that pharmacists took a much more active interest in, and a more vocal part in the planning of the evolution of voluntary health insurance in these United States.

I would not minimize the threats to your profession of pharmacy furnished by the spectres of federal encroachment, socialized medicine, union-sponsored schemes, mail order selling, or any of the other trends which should concern you. However, as an insurance

man, as a friend, and as one sincerely interested in seeing the public properly served on an ethical basis, I respectfully suggest that you may find more of interest to you in voluntary health insurance than simply the matter of coverage for yourselves and your families.

I believe you have a right and, beyond that right, an obligation to join as an Association in the planning and sponsorship of sound, economical, voluntary health insurance that will preserve the status in the scheme of things of the independent general practitioners, the independent internists, the independent pathologists and radiologists, and not just incidentally, the independent pharmacists in our State of Maryland.

Mr. Morgenroth thanked Mr. Washburn for an excellent and timely address.

The third and final speaker of the Third Session program was introduced. He was James W. Foristel, Legislative Representative, American Medical Association. The title of his talk was "Health Care Legislation Before The Federal Congress."

HEALTH CARE LEGISLATION BEFORE THE FEDERAL CONGRESS

**James W. Foristel, Legislative Representative
American Medical Association**

What is the Legislative Medical Care controversy now raging in the Federal Congress all about? The United States has a private system of Medical Care, while every other civilized nation in the world has either a limited or complete government system of Medical Care. In all other countries the workers and their employers are compelled to pay taxes so that when Medical Care is needed it is delivered to them by government without significant added cost. Medical budgets for these other countries are extremely high. In most of these countries—and Great Britain is a typical example—the cost ranges from 50% to 75% of that nation's military outlay.

Whenever government takes over Medical Care it must, by taxation, finance the total cost of such care which was prior thereto delivered at the expense of the individual. In addition higher costs are an inevitable by-product of such a take-over because, after the collection of the Medical Care Tax, the benefits come as free services and are used excessively. In every country which has adopted Government or Socialized Medicine this is found to be the case. Saskatchewan's hospital utilization rate for the aged, as an example, is 8 days per year, up from 2½ days per year prior to the adoption of their program in 1947. In the United States the utilization rate has held steady for 15 years at 2½ days per year for our aged population.

What, then, would the cost be in added taxes for the United States to imitate all of our foreign neighbors in enacting a compulsory Medical Care Program for all our people? Well, we

are currently spending \$25.2 billions for all health services and supplies. Private expenditures in 1959 ran \$19 billion, and governmental expenditures for health care, \$6.2 billion. Physicians' charges were 4.998 billion; Hospitals, \$5.514 billion; Drugs, \$3.604 billion; Dental Care, \$1.963 million; Appliances, \$1.185 billion; Nurses, Therapists, Osteopaths, Chiropractors, etc., \$842 million; Nursing Homes, \$220 million.

Yes, this amount, plus the added cost for overuse of "free benefits" would amount to much in excess of \$25.2 billion—possibly double that amount if the experience of foreign countries would prove to be the rule. In our country, one additional percentage of tax on the payrolls of employees and employers—that is, $\frac{1}{2}\%$ each—will generate \$2 billion annually for the social security trust fund. Even a \$25 Billion Federal Medical Budget would cost Americans in added social security taxes $12\frac{1}{2}\%$ of payroll divided evenly among employees and employers. If, by abuse and overuse of hospitals, physicians' services, drugs, etc., the people would double the cost of their medical expenses as they have done elsewhere, the added social security tax would run a full 25% to be divided equally among the workers and their employers.

But the high cost of a program does not always deter a program's eventual adoption. Such matters as quality of care sometimes are and should be overriding considerations. So let's examine how this country fares by comparison with the other civilized nations of the world which have governmental systems of medical care.

Before pursuing this facet of inquiry, you might question why I persist in making comparisons with other countries which have compulsory health programs for all age groups in their population when the legislation currently before the U.S. Congress calls only for a program for all those persons under social security who are over age 65. My answer is simply this: *No foreign country has ever stopped short of enacting a universal age medical law for its people.* Many of these countries started with segments of their population, but none ever stopped with coverage of only the aged or the young or the poor. So that, if we in this country start with the aged, we are bound to finish with all persons in our population, just as has every foreign country.

Now back to quality of medical care under these two very different systems of medical care, the free system versus the government system. We know that the quality of medical care in the United States under our system is the best in the world, whether the individual purchases health care voluntarily or receives it from one of the levels of government without having any agency impose a compulsory health tax upon him. We know that this kind of a system guarantees a higher quality of Medical Care than is being delivered to the population in all other parts of the world under compulsory systems—compulsory in the tax

sense, and compulsory in the sense that the tax is paid whether the individual uses the system or not, and compulsory in the sense that the providers of care report to government authority and deliver the kind of care which is prescribed by government rather than by the doctor. We know that in no nation other than our own does any similar population group live longer and have less incidence of disease than do Americans. We know that in every civilized nation in the world except in the United States there exists a system of Government or Socialized Medicine. It is no accident that by comparison we excel all these systems in the quality of Medical Care which is available to our population. We know that 30 years ago our medical students—in fact, medical students from all sections of the world—flocked to the medical centers of Europe for their education. This was before the day that governmental medicine systems came to these former great medical centers. Today medical students the world over, including those from Western Europe, travel, to the United States. In most every nation in the world except our own, the ratio of doctors to population is on the decline, with all of the adverse implications that such a decline has upon all the population. The ratio of physicians per patient in the United States is remaining steady at about one physician to 750 of population despite our population explosion. Reports from abroad indicate that fewer sons of physicians in foreign countries are following their fathers' footsteps in the medical profession. Because few young men are attracted to the medical profession in Great Britain and because many are coming to the United States, the ratio of physicians to population, which was 1 to 877 in 1947 decreased to 1 to 1,149 by 1957, indicates loss in quality.

Even in Canada, which has a compulsory tax-supported system involving only hospitalization, there is a loss of physicians to the United States in excess of 200 per year.

If we need further proof of the great number of foreign-trained physicians who have recently come to America, make a trip to a hospital and there talk to some of the 12,000 and more foreign-graduated physicians who are interning and serving residencies in our hospitals; it makes a trip to the hospital have the enchantment of a visit to 100 foreign countries. A majority of these foreign-trained doctors, you will learn, have applied for U.S. citizenship.

On the technique side of medicine, difficult and advanced treatment and surgery has become so highly developed in the United States that daily one reads in the newspaper of collections being made to rush some person to the United States for open heart surgery or for treatment of some difficult condition or disease.

Under our system of free Enterprise Medical Care, we know that on the average, every 2 years, since 1930, we have added a new 4-year medical school so that now we have a total of 83. We

know that our medical school graduates in 1940 totaled 3,745, and that last June our medical schools graduated 7,081, and that next year the rate will be correspondingly up. We know that our rate of hospital and other medical facility construction under the free enterprise form of government exceeds that of the rest of the world. In Great Britain, bludgeoned by the high cost of their medical program, only one new hospital was built in the first 10 years of their socialized medicine program, thus indicating that government did sacrifice quality by permitting obsolescence and deterioration of their hospitals and health facilities.

We know, too, that under foreign systems of care only certain drugs and prescriptions are available, so that people are actually denied the full range of drugs and therapeutics which are available to all Americans, including those in our lower income levels who receive their Medical Care under welfare programs. We know, too, that abroad there are examples where the government has entered the field of producing and dispensing drugs and restorative devices, eliminating what was once a free enterprise industry.

To illustrate what I mean, I wish to quote an excerpt from a British Broadcasting Documentary:

Narrator. "Prescriptions, drugs and medicine. Everyone receiving treatment from a National Health Service doctor is entitled to free drugs and medicine if the doctor prescribes them. And 16,000 chemists have joined the service to make this possible. You have to pay the much-disputed shilling for every item on the prescription form. This is a kind of taxation, intended to put a brake on the national drug bill. Behind the scenes the prescription forms are carefully kept. They are the means by which the chemist gets his money. And at the end of the month he sends them all off to a pricing bureau. (Scene shifts from chemist's to show pricing bureau.) This is the scene on the first of each month at 19 pricing bureaus throughout Great Britain. Hundreds of thousands of prescriptions, each needing to be examined and priced so that chemists can be paid for the drugs they have handed over the counter. The task would seem impossible. Two hundred and thirty million prescriptions a year, all in different doctors' handwritings. The job of pricing clerk is skilled and complicated. The cost of drugs is always changing. On the one hand there are the standard drugs, thousands of official names to be memorized or looked up in an index and the price filled in on each prescription form. On the other hand, there are the proprietary drugs, 5,000 trade names with new ones being added every month. When the prescriptions have been priced and the total added up, the chemists are paid. Seventy-two million pounds a year. The nation's drug bill is often criticized. But a government committee found no evidence of irresponsibility on the part of the doctors in prescribing. An essential feature of the National Health Service is that doctors must be allowed to prescribe whatever they think is right for the proper treatment of their patient. The medical pro-

fession insisted on complete clinical freedom when the service began. Most doctors say they've had all the freedom they need. There are, of course, certain rules. Doctors must not prescribe such things as foods or toilet preparations. Prescriptions for these things are thrown out by the pricing bureau and the doctor has to pay for them himself, unless he can justify his actions before a committee of fellow doctors."

(Scene shows such a committee of doctors hearing a case.)

Doctor #10 (acting as chairman). "Now this is a case in which a doctor has ordered glucose for a patient. The doctor is here and I now ask you if you wish to ask him any questions."

Doctor #11. "Mr. Chairman. I'd like to ask the doctor if he's tried cane sugar."

Doctor #12 (Doctor being questioned). "The family has tried cane sugar, but glucose works very much quicker."

Doctor #13. "Mr. Chairman. I'd like to ask the doctor whether he administered the glucose intravenously or by mouth."

Doctor #12. "By mouth."

Doctor #13. "Thank you, doctor."

Doctor #14. "Mr. Chairman. May I ask the doctor whether, since he has provided glucose under the National Health Service, the patient has less often needed treatment by injection?"

Doctor #12. "Yes, that is true."

Doctor #15. "May I ask if the patient gets these attacks frequently?"

Doctor #12. "Yes, he does."

Doctor #15. "Thank you."

Doctor #10. "Well, doctor, is it true to say that you have brought a patient out of unconsciousness by administering glucose to him?"

Doctor #12. "Yes. I have."

Doctor #10. "Well, now, doctor, will you withdraw while we discuss your case, please."

Doctor #12. "Thank you." (He leaves room.)

Doctor #10. "Well, now. You heard the doctor's case and you've seen his statement. What do you think about it?"

Doctor #11. "Well, Mr. Chairman, I'm completely satisfied by this case. I move we allow it."

Doctor #10 (to other doctors around table) "All agreed?" (The others say "Agreed.") Then the fee is allowed.

This completes my reference to the handling of prescriptions in Great Britain.

In the United States there are forces urging that we adopt these shortcomings, this "less-than-the-best" quality of Medical Care, services and supplies. These proponents of federal medicine are so devoted and dedicated to a foreign philosophy of government that they refuse to regard the end result on the health of the American people.

Just imagine—America's system of medicine being rewritten by leaders of organized labor. If such a federal law is enacted, it will be through the efforts of organized labor, its chief supporter. Can you *imagine* what kind of labor-management laws would result if the physicians, the hospital administrators and you fellows wrote a new set of *labor laws*?

I have distributed copies of a cold and unbiased analysis of the pending administration legislation, popularly known as the King-Anderson Bill, which will be considered by the House Ways and Means Committee. Public hearings will be officially announced in the next few days and I expect the committee will take testimony for about two weeks. Let's inspect the analysis of this bill briefly together. . .

It is our information that most all of the Maryland members of the House of Representatives, with the possible exception of Mathias in the 6th District, are inclined to support the administration in this legislation. You pharmacists have as much of an obligation to your customers as does any physician in behalf of his patient to fight for the survival of our American system of free enterprise medical care with its resultant high standards of quality. I urge you to do just that. At the conclusion of this annual meeting and when you return to meet the trade, I hope that through your efforts many citizens of Maryland will contact your members of the House and Senate to seek their promise of support for the views which I hope you hold.

Moderator Morgenroth thanked the three panelists for an excellent presentation. He announced a short recess after which questions would be answered.

The discussion period began with the following questions and answers.

QUESTION: How can we obtain all the underscored facts and figures that the panel are using? Will we have copies of these addresses?

ANSWER: Mr. Morgenroth stated yes, they would be published in the Proceedings Number of the Maryland Pharmacist.

QUESTION: The Insurance Industry has managed to insure everything and everybody. Why is it lagging in the Prepaid Prescription field?

ANSWER: MR. WASHBURN: Basically the premium for prescription service only would be prohibitive and accordingly impractical. All of our hospital insurance plans cover the cost of drugs combined with other medical services. In this way the premium does not become prohibitive. I know there is a great demand for prepaid prescription coverage, but no one has come up with a workable plan or solution as yet.

QUESTION: Do you think the physicians themselves are trying to stop the trend toward institutional or socialized medicine,

by their actions in refusing to make house calls or spend a bit of time with their patients like the old time general practitioner?

ANSWER: MR. FORISTEL: That's a good question, and a tough one. The A.M.A. is trying to develop a more complete Home Care Program.

QUESTION: Our prescription customers are still laymen. How can we explain this situation? Recently received a prescription for 100 Meticcorten or any equivalent. The customer was obviously shopping for prices, having been quoted prices of \$30.00 down to as low as \$9.50. Still unable to convince the customer of generic equivalents, I am still considered a thief and minus one customer.

ANSWER: MR. WOODS: I think a doctor is entitled to prescribe whatever drug he thinks is necessary for his patient and I'm not in a position to discuss the prices of the various companies. As a matter of fact, representing a Council that represents some 20 pharmaceutical companies, I am actually prohibited from discussing the price situation and the reason prices are different. I think you can understand that if you understand our antitrust laws. If the National Pharmaceutical Council, with me as a representative of the Council, would create a problem that would involve the antitrust laws. Certainly nothing any of these companies do should indicate that they are taking any action concerning prices or doing any thing that would show that there is the slightest possibility of a conspiracy to control or regulate prices. I also think that the physician and the pharmacist should make sure the patient is getting quality drugs.

QUESTION: If a pharmacist receives a prescription calling for Prednisone Tablets 5 mg. unspecified as to the Brand, and he dispenses brand "X" which he stocks, whose legal responsibility is involved if for some reason the drug proves to be ineffective or substandard — the pharmacist who dispensed it — or the doctor who prescribed it?

ANSWER: MR. WOODS: I think any smart lawyer would have all parties concerned involved in a suit — the doctor, the pharmacist, and the manufacturer of the drug. I do think however that the pharmacist will have a greater responsibility to show that the quality of the drug he dispensed was equivalent to the best drug on the market.

QUESTION: An organization of pathologists is asking to be recognized for payment of services under insurance plans as a specialized group. Do you know anything about this group and what they are seeking?

ANSWER: MR. WASHBURN: Yes — the special medical groups, such as pathologists, radiologists, etc. are seeking coverage for services rendered by them in private practice that does not need hospitalization. I think you should know at this time that a committee from your Association headed by your Executive Secretary, Joe Cohen, approached me on such a plan that would

include pharmacy also as a non-hospitalized service. It is my feeling that a group of Home Care medical services may be feasible. This requires a great deal of study and planning however, and I am not prepared to give you any factual information at this time.

QUESTION: What is the source of F.D.A. figures showing that small manufacturers are responsible for 99% of substandard drugs?

ANSWER: MR. WOODS: The figures I gave were taken from a chart submitted to a subcommittee during the testimony before the Food and Drug Administration. The percentages I calculated from the chart. The figures are the F.D.A.'s own figures.

QUESTION: Would it still be your feeling that Luminal should be used preferably over Phenobarbital when a physician wishes phenylethylbarbituric acid?

ANSWER: MR. WOODS: I think the physician should prescribe by trade name and if he prescribes Luminal for the patient, that is the product that should be dispensed.

QUESTION: Under the socialized medicine program, with fees and prices controlled by the government, the pharmacist would be getting more prescriptions. Would not this benefit the pharmacist ultimately?

ANSWER: MR. FORISTEL: That sounds like the merchant who is doing a tremendous volume of business, but losing money because he is breaking even on everything he sells. You can not exist on doing business at cost or being allowed a general insufficient markup that does not take into consideration the individual operation of a business.

QUESTION: What is the A.M.A. doing to keep the hospitals from competing with the private practice of medicine?

ANSWER: MR. FORISTEL: I am sorry that I am not qualified to answer this question. This is a policy question and I deal only with legislative matters for the A.M.A.

QUESTION: Are you opposed to reputable manufacturers placing the generic as well as brand names on labels which would allow the physician to specify generic drugs designating the manufacturer?

ANSWER: MR. WOODS: I think this is being done to a considerable extent anyway. I do not see any problem from a doctor prescribing a generic drug with the company name after it as a trade name drug with or without the company name. In both instances the manufacturer is identified. The problem is not with the prescribing of generic names. The manufacturers do not object to that. The problem however is the use of the term "generic equivalent." You have to have a generic name to obtain a trademark.

QUESTION: Do you think the reduction in price of brand name products would control substitution?

ANSWER: MR. WOODS: I do not think the price of drugs is related to substitution. Some substitution would exist regardless of price. Substitution is a matter of ethics and conscience.

QUESTION: Are all of our people getting the best Medical Care in the world?

ANSWER: MR. FORISTEL: Yes — the various medical care plans including the welfare program assures the best medical care possible.

QUESTION: Do you think Boards of Pharmacy can prevent hospitals from dispensing substituted products?

ANSWER: MR. WOODS: I have always thought that the State Pharmacy Law was to regulate and control the practice of Pharmacy in that state. I think that should apply whether it is in a retail store or a hospital. It is true in a number of states the Boards of Pharmacy have not controlled the practice of pharmacy in hospitals. I think a strong effort should be made to control the practice of pharmacy in the hospital. If the state Board of Pharmacy is not doing anything about the practice of pharmacy in the hospitals, I have two suggestions that they might start out with — first, the physicians in a hospital be supplied with a procedure to be followed in prescribing drugs; and second, that the hospital should be required to keep a record of the manufacturer of the drug dispensed on each order or prescription.

Mr. Morgenroth summed up the panel discussion and thanked the speakers for their participation. Chairman Levin then resumed the chair, adding his expression of gratitude to the speakers for sacrificing their time from a holiday weekend to address the Convention.

Announcements of entertainment events for the balance of the afternoon and evening were made, prizes were drawn, and the Third Session of the Convention was adjourned at 2:00 P.M.

FOURTH SESSION

Thursday, July 6

The Fourth and Final Session of the Convention was called to order at 10:30 A.M. in Kerry Hall by President Goldfeder.

President Goldfeder announced that we would pause in our deliberation to conduct Memorial Services out of respect for those fellow pharmacists who had passed away since the last convention.

MEMORIAL SERVICES

Henry G. Seidman began the services by reciting the 23rd psalm.

Charles E. Spigelmire followed with the Necrology:

MARKLAND H. BOYCE, JR.

CHARLES T. CONRAD, JR.

CHARLES R. CRANDALL

GEORGE A. DAVIS
JAMES W. DUDLEY
HERMAN N. FRENTZ
DAVID B. GETZ
ABRAHAM S. HILLMAN
ANNA M. JANUSZESKI
C. RAYMOND KERR
GEORGE JOSEPH KREIS, JR.
GEORGE LEMKE
EDWARD JOSEPH LEVIE
NICHOLAS T. LOMBARD
JOHN D. MEIKLE
WILLIAM C. PARKHURST
JAMES J. RICHARDSON
WILLIAM ROTKOVITZ
JOHN EDWARD SCHMIDT
SAMUEL SHAPIRO
JOHN W. SVAROVSKY
FERDINAND ULMAN
MEDFORD C. WOOD

Henry G. Seidman then offered the following memorial prayer:

Almighty Father, Author of life and death, we are met here at this moment to direct our hearts to Thee and to express our love for those who have been laid to eternal rest. Memories crowd upon us as we recall those who have gone before, who even in death are a benediction unto us. The lesson of our measured years is forcibly brought home to us, and the determination is strengthened within us to hasten the fulfillment of our resolution to live nobly in the spirit of our beloved dead, and to fulfill the obligations which we have accepted from their hands. At this moment, we seek renewal of strength for the struggles of life and increased courage to meet our tasks.

We realize our frailty even as we know that from Thee cometh strength. These silent sentinels call us back to Thee and to the recognition of our duty. They rouse us to do good while our brief day lasts, to bring relief to the distressed, sunshine where darkness now prevails, hope to those in despair and support for every worthy undertaking for human welfare.

With sorrowing hearts, we call to mind at this solemn hour our beloved ones whom death has removed from our midst. We thank Thee for the years which Thou didst grant unto them, years in which they brought help, joy and comfort to many a heart. Thou in Thy love gavest them unto us and Thou in Thy wisdom hast taken them from us.

We think of the time when they still moved among us, shared in our labors and bestowed their love and friend-

ship upon us. Though slumbering in their eternal rest, they live in our hearts as lasting sources of inspiration leading us to good deeds and noble thoughts. In gratitude for all the blessings they brought to us, and to humanity, we dedicate ourselves anew to the sacred tasks they bequeathed unto us. Extend Thy healing balm unto the bereaved and grant eternal rest and peace to the souls which we remember now with tenderness and compassion.

Amen.

REPORT OF THE NOMINATING COMMITTEE

Gordon A. Mouat, Chairman

The Nominating Committee held three meetings. A notice was printed in the Maryland Pharmacist requesting names be submitted to the Committee for consideration. Letters were sent to the Allegany-Garrett County Pharmaceutical Association, Baltimore Metropolitan Pharmaceutical Association, Prince Georges-Montgomery County Pharmaceutical Association, and Washington County Pharmaceutical Association inviting them to submit names to be considered.

As a result of this activity and the deliberation of the Committee, I wish to offer the following slate for your approval:

Officers

Honorary President—Elmer W. Sterling, Church Hill
 President—Norman J. Levin, Pikesville
 First Vice President—Victor H. Morgenroth, Jr., Baltimore
 Second Vice President—William A. Cooley, Cumberland
 Third Vice President—Solomon Weiner, Baltimore
 Fourth Vice President—Alexander J. Ogrinz, Jr., Baltimore
 Secretary Emeritus—Melville Strasburger
 Treasurer—John F. Wannenwetsch, Baltimore

Executive Committee

H. M. Goldfeder, Chairman

1st District—Caroline, Cecil, Dorchester, Kent, Queen Annes, Somerset, Talbot, Wicomico and Worcester.
 William C. Hill, Easton
 Albin A. Hayman, Salisbury

2nd District—Anne Arundel, Baltimore, Harford and Howard.
 Morris Lindenbaum, Reisterstown
 Jerome Mask, Dundalk
 William Y. Kitchin, Annapolis

3rd District—Calvert, Charles, Montgomery, Prince Georges and St. Marys.
 James A. I. Parker, Kensington
 Morris Yaffe, Rockville
 Herman Taetle, Silver Spring

4th District—Carroll, Frederick, and Washington.

Victor G. Mercer, Frederick
Henry J. Glaeser, Jr., Manchester

5th District—Allegany, and Garrett.

Robert P. Keech, Cumberland
Samuel Wertheimer, Cumberland

6th District—Baltimore City

Frank Block
Jerome J. Cermak
Milton A. Friedman
Simon Solomon
H. Nelson Warfield

Ex-Officio Members

Walter E. Albrecht	Sam A. Goldstein
Francis S. Balassone	Gordon A. Mouat
Noel E. Foss	Lloyd N. Richardson

For appointment to the Maryland State Board of Pharmacy, the Committee recommends the following list to be submitted to the Governor: Listed in order of choice by the Executive Committee,

ALBIN A. HAYMAN
GEORGE M. SCHMIDT
HOWARD L. GORDY

At the conclusion of the formal report, President Goldfeder called for nominations from the floor.

Mr. Gregory W. A. Leyko moved that the name of Stephen J. Provenza be put into nomination for the office of 4th Vice President. The motion was seconded by Mr. Jerome A. Stiffman. A request was also made to exclude District 6, Baltimore City, for a separate vote.

Mr. Lester R. Martin moved that nominations be closed. The motion was seconded by Mr. Morris L. Cooper. The motion was carried.

Chairman Goldfeder called for a voice vote on the officers only with the exception of the 4th Vice President. Ballots were then distributed to decide the contest between Mr. Alexander J. Ogrinz, Jr. and Mr. Stephen J. Provenza for 4th Vice President. 34 votes were cast for Mr. Ogrinz and 8 votes for Mr. Provenza. The name of Mr. Ogrinz was then put into nomination and elected as a result of a closed ballot.

Mr. Jerome A. Stiffman nominated Mr. Aaron M. Libowitz as a member of the Executive Committee representing District 6. The motion was seconded by Mr. Felix M. Kaminski.

During the discussion that followed, Mr. Bernard Cherry asked if the names nominated for each District were reviewed as to activity in the District and the Association.

Mr. Leyko raised the question about those on the committee nominating themselves. The chair ruled that this was permissible. Mr. Leyko requested that the question and answer be put in the record.

Mr. Goldstein pleaded for unity because of necessity of working together on behalf of Pharmacy. He stated his personal efforts consolidated the forces necessary to make the 1961 Legislative Program successful.

Mr. Cherry requested that the 1st and 2nd Vice Presidents of the Baltimore Metropolitan Pharmaceutical Association be put on the State Executive Committee.

A closed ballot was called for the Executive Committee vote on District 6. As a result of the vote, the following were declared elected. Messrs. Frank Block, Jerome J. Cermak, Milton A. Friedman, Simon Solomon and H. Nelson Warfield.

A separate vote was called for to approve the names submitted by the Nominating Committee for the Maryland State Board of Pharmacy appointment.

Mr. Bernard Cherry moved the names submitted by the Nominating Committee: Albin A. Hayman, George M. Schmidt and Howard L. Gordy be approved. The motion was seconded by Mr. Morton J. Schnaper.

President Goldfeder thanked Mr. Mouat and the members of the Nominating Committee for performing a difficult and thankless task.

President Goldfeder also recognized the President of the Prince Georges-Montgomery County Pharmaceutical Association—Mr. Les Brunnett.

REPORT OF THE RESOLUTIONS COMMITTEE

Dr. Noel E. Foss, Chairman

The Resolutions Committee held two meetings which were very well attended and I am pleased to present the following resolutions for your consideration. All controversial resolutions will be withheld for consideration after acceptable resolutions are adopted.

After thorough discussion, the following resolutions were duly adopted:

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it urge all pharmacists to participate in the drive to interest the public in the need to immunize against poliomyelitis, and that all store owners display posters, cards, etc. designed to stimulate the public to its urgent

obligation to cooperate in efforts to bring about the control and eradication of this dread disease, and

BE IT FURTHER RESOLVED, that the Association commend the Allegany-Garrett County Pharmaceutical Association which, in cooperation with the medical associations in Allegany and Garrett Counties, has conducted such an excellent publicity program emphasizing the desirability and necessity of proper immunization against poliomyelitis.

WHEREAS, the fundamental interests of the pharmaceutical professions demand full public knowledge and appreciation of the many health conveniences and contributions that a retail pharmacy offers to the neighborhood and public, therefore.

BE IT RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that the Executive Committee be urged to develop some practical means, through a public relations or other suitable program, whereby every retail pharmacy in the state of Maryland will be recognized as the community or area authority for health information and health needs.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that the President, Secretary and members of the Executive Committee be directed to make themselves fully familiar with the meaning and impact of the decision by the California Federal Court which defeated efforts by pharmacists to bolster the economic foundations of prescription practice, and thus maintain the professional services of pharmacists upon a sound, practical and generally desirable economic basis, and,

BE IT FURTHER RESOLVED, that every pharmacist in the state be encouraged and admonished, acting in his own personal capacity, to put his prescription services on an equitable business-like basis so that this phase of his professional work maybe economically sound and professionally rewarding.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it pledge the cooperation and support of itself and its members to President John F. Kennedy as he seeks to make our country safe and secure from Communist threats and possible attack, as he works for the solidarity of all Americans in meeting world dangers, and that we express our confidence in his leadership in these trying and dangerous times, and,

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the President as evidence of our support and

confidence as he meets the serious problems and powerful demands of his high office.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it tender the thanks of all its members and to all who played a part in the success of the Association's legislative campaign which saw most of the Association's legislative program enacted into law, and

BE IT FURTHER RESOLVED, that a letter of thanks and appreciation be sent to Mr. Chester Kosokowski, a pharmacist and a Delegate to the Maryland General Assembly, who introduced House Bill 952 and who was most instrumental in having it, as well as Senate Bill 5, approved by the General Assembly, and

BE IT FURTHER RESOLVED, that letters of appreciation also be sent to the other members of the Legislature, to the respective members of the State Health Department and all others who played a leading part in the successful completion of our legislative program.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it heartily condemns the publication and distribution of obscene and indecent magazines and periodicals, and their display and sale in retail pharmacies is highly detrimental to the standing and prestige of the profession, and that the Association should play a leading part in bringing about their elimination and eradication from the public.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that every pharmacist in the state give constant and careful attention to the display and merchandising of drugs, medicines, patent and proprietary remedies, household health products, first aid supplies, cosmetics, and toiletries, so that the public will recognize the drug store as the safe logical and dependable source of its essential medical and health care needs.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that all pharmacists in the state be urged to give prominent displays to Fair-Trade merchandise so that Fair-Trade manufacturers may be made aware of our appreciation of their efforts in behalf of sound economic practices in the distribution of their products and thus in the basic economic soundness of Fair Trade principles in distribution as a whole.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that every pharmacist be urged to determine his basic costs in the operation of his prescription department so that he can price prescriptions in such a manner as to compensate for these costs and to provide for proper remuneration and profit commensurate with his training, professional skill, and investment.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it warmly commend Dr. William S. Apple, Executive Secretary of the American Pharmaceutical Association, for his energetic and understanding leadership, not only of the American Pharmaceutical Association, but of all activities having a bearing upon professional pharmacy in these challenging and changing times, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to Dr. Apple as evidence of our sincere admiration and support.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it pledge its full support and cooperation to the passage of Senate Bill 1722 and House of Representatives Bill 7685, the Fair Competitive Practice Bill, and that it call upon every pharmacist in the state to give fullest cooperation to the National Association of Retail Druggists and to its Executive Secretary, Dr. John W. Dargavel, in securing enactment of the measure, and

BE IT FURTHER RESOLVED, that the President and Secretary of the Association be instructed to notify the Maryland delegation in Congress of this action and call upon them to work actively for the adoption of S.B. 1722 and H.R. 7685.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it express, on behalf of all pharmacists in the state, a feeling of sadness and personal loss in the death of Senator Millard E. Tydings, because of his many years of devoted service to his state and nation, his dedication to the fundamental principles of sound government, and his deep interest in the economic welfare of small business as manifested by his sponsorship of the Fair Trade Enabling Law, the Millard Tydings Act, and

BE IT FURTHER RESOLVED, that a copy of this resolution be sent to Mrs. Tydings as evidence of our love and esteem for her husband.

WHEREAS, in all cases the citizens of Maryland are not sufficiently informed as to the right and desirability of choosing their own pharmacist therefore,

BE IT RESOLVED, that the Maryland Pharmaceutical Association, in annual convention assembled, go on record as advocating that the citizens of Maryland be given complete freedom and privilege of choice in the selection of their retail pharmacist, and that the pharmaceutical and other health professions advocate and actively seek to inform the citizens of Maryland of the desirability of that freedom and privilege of choice of retail pharmacist, and further that the members of the medical profession

of the State of Maryland decline to direct their patients to any particular retail pharmacist, and

BE IT FURTHER RESOLVED, that a copy of this resolution be sent to all medical associations in Maryland.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it record its thanks and appreciation to Governor J. Millard Tawes for appointing Dr. Lloyd N. Richardson as a member of the Maryland Board of Health and Mental Hygiene, as such appointment will give pharmacy a voice and a responsibility in developing the programs in these overall health and welfare fields, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the Governor as evidence of the appreciation and esteem in which he is held by the pharmacists of the state.

WHEREAS, the T.A.M.P.A. and L.A.M.P.A. have been tireless in their efforts to do an outstanding job, and

WHEREAS, the president and secretary both of T.A.M.P.A. and L.A.M.P.A., with the assistance of their respective officers and members, did everything possible for the comfort and convenience of our members and guests,

THEREFORE, BE IT RESOLVED, that the Maryland Pharmaceutical Association express its profound gratitude to these organizations and their respective officers for their splendid cooperation which contributed so much to the success of the convention.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it pledge its full support and cooperation to the School of Pharmacy, University of Maryland, in efforts to build up the enrollment in the School of Pharmacy and to effectively present the excellent opportunities of pharmacy as a career to the young people of the state.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it pledge its full support and cooperation to President Elkins and the Board of Regents of the University of Maryland in their long range program for the sound growth and expansion of the University, both in Baltimore, as evidenced by the establishment of the School of Social Work, and in College Park, as it is by this course of action that the University achieves its greatest potential value to the people in all sections of the state.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it express its profound gratification for the new facilities now available on the Baltimore

Campus of the University of Maryland, namely, the Health Sciences Library and the Student Union, and

BE IT FURTHER RESOLVED, that the thanks and appreciation of the pharmaceutical profession be extended to President Elkins and the Board of Regents as evidence of its sustained interest in the public welfare and development of the University, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to President Elkins.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it express its appreciation to the Baltimore Evening Sun, the Baltimore News-Post, and any other newspaper in the state for the publicity given the Association during the convention and also for acquainting the public during the year with Pharmacy's many contributions and services to the public, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the editors of these newspapers.

RESOLVED, by the Maryland Pharmaceutical Association in, annual convention assembled, that it extend its sincere appreciation and thanks to Radio Stations WITH and WCAO in Baltimore, and any other radio or television station in the state for their genuine cooperation and assistance in giving favorable publicity to the pharmacists in Maryland, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the managers of the respective stations as a symbol of appreciation by the Maryland Pharmaceutical Association.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it express its sincere appreciation and thanks to Norman J. Levin, Chairman, and other members of the Convention Committee, for the wonderful job they have done in planning and contributing to the success of the convention, and in gladly catering to the comfort of the persons attending this convention, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to Mr. Levin, the chairman of the Convention Committee.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it express its sincere appreciation to the management of the Shelburne Hotel for the many courtesies extended to our members and guests, and also for the excellent manner in which the management handled the many details which were largely responsible for making this convention a success, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the manager of the Shelburne Hotel.

WHEREAS, some pharmaceutical manufacturers have instituted a change in discount schedules whereby those pharmacies that are able to buy directly from the manufacturer obtain an additional discount, and

WHEREAS, this extra discount policy creates a hardship for the retailer who buys his pharmaceuticals directly from a wholesaler.

BE IT RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that these manufacturers be urged to reconsider their discount policy so as to permit the smaller retailer to enjoy the same discounts as the larger retailer, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the Pharmaceutical Manufacturers Association.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it express its deepest appreciation and thanks to the various contributors who have generously helped to assure the success of this convention, and

BE IT FURTHER RESOLVED, that an appropriate acknowledgment be forwarded to each of these companies and/or individuals.

A motion was made, seconded and approved to adopt all resolutions that were passed under individual consideration.

REPORT OF LEGAL COUNSEL

Joseph S. Kaufman

Mr. Joseph S. Kaufman, a member of the firm of Needle & Melnicove, legal counsel for the Association, was called on to give a report.

Mr. Kaufman brought greetings from Mr. Bernard S. Melnicove, who was unable to be present due to convalescing from a minor illness. He also brought greetings from Attorney General Finan.

Mr. Kaufman, on behalf of the law firm he represents, expressed both appreciation and pleasure for the privilege of representing the Maryland Pharmaceutical Association. He said that before coming to the Convention, Mr. Melnicove and he had reviewed the legal services made available to the Association during the past year.

Mr. Kaufman reviewed the Legislative Program on behalf of Pharmacy which he judged to be the most encompassing this year than had been accomplished during the last decade. Bills were introduced that helped with the day to day working of the profession. Senate Bill 5 was passed which allowed the Board of Pharmacy not only to license pharmacists and supervise them; but also provided biennial re-registration of pharmacists. Licensing of manufacturers and wholesalers was another piece of legislation that was accomplished. He was glad to see the unity and effort in obtaining such

legislation. Not only did it gain respect among pharmacists for each other, but it gained respect for pharmacy by the state administration.

Mr. Kaufman referred to the passing of the shoplifters' bill which will help the retail pharmacists considerably against practice of shoplifting and pilferage.

He referred to the passage of the Karsten Act which set up a new and distinct class of narcotic exemptions known as class "M". He stated that at the present time there may be some conflict in state and federal laws regarding this class of exemption, but he felt that in due time these differences would be adjusted and harmonized.

He brought to the attention of the Convention the Humphrey-Proxmire Fair Competitive Practices Act now before Congress. Mr. Kaufman was optimistic about the passage of the Act during the 87th Session of Congress. He reviewed the effort of St. Mary's county to exempt the county from the Maryland Fair Trade Act during the last state legislative session. He warned against the dangers of such exemptions and urged the members of the Association to be aware of such attempts in the future.

Mr. Kaufman further gave an accounting of all Fair Trade actions in other areas of the state.

He also brought to the attention of the Convention the decisions of the Maryland Court of Appeals and the United States Supreme Court upholding the Sunday Blue Laws of Maryland. Mr. Kaufman felt that this did not resolve the problem, but further clarification will be necessary.

In summing up, Mr. Kaufman said that this has been a momentous year, not only on a local and state level, but also on a national level for pharmacy. He further stated that we could anticipate continued activity and problems for pharmacy and small business, particularly in the areas of Fair Trade and Antitrust.

At the conclusion of Mr. Kaufman's informative report, President Goldfeder thanked him for his interest in the problems of the Association that go far beyond legal matters. He thanked him for attending the Convention and asked Mr. Kaufman to express the best wishes of the Convention to Mr. Melnicove.

President Goldfeder then called for Old Business. There was none on the agenda and no Old Business was proposed from the floor.

NEW BUSINESS

1. Mr. Morton Schnaper proposed the following amendment to the By-Laws:

Article XIX:

Resolutions:

Resolutions must be submitted in writing to the Resolutions Committee at least 30 days prior to a regular or annual meeting of the Association. Resolutions shall require a majority vote for adoption.

2. Mr. Morgenroth proposed the following amendment to the By-Laws:

Article XII:

Standing and Special Committees:

The following Standing Committee shall be appointed annually by the President and approved by the Executive Committee:

Committee Number 19. Robert L. Swain Pharmacy Seminar Committee.

ANNOUNCEMENTS

President Goldfeder expressed his appreciation to the officers, executive committee, the wholesalers, manufacturers and suppliers who supported the Convention and all the individuals and Associations who contributed to the success of the 79th Maryland Pharmaceutical Association Convention.

GOOD AND WELFARE

Mr. Sam A. Goldstein, President of the Baltimore Metropolitan Pharmaceutical Association, was critical of the policy of the Maryland Pharmaceutical Association in not recognizing the participation of his Association in support of the state organization. He also pointed out that he personally was not given proper consideration and courtesy by Secretary Cohen in bringing a guest to the Convention and allowing Vice President Cermak to represent the Baltimore Metropolitan Pharmaceutical Association at the annual banquet. He felt that such policy was not justified and should be corrected.

ADJOURNMENT

The Fourth and Final Session of the 79th Convention was adjourned by President Goldfeder at 2:30 P.M.

BANQUET

Thursday, July 6

The Annual Banquet was preceded by a Social Hour provided through the courtesy of the following drug wholesalers: Calvert Drug Company, The Henry B. Gilpin Company, Loewy Drug Company and Muth Brothers & Company.

President and Mrs. Harold M. Goldfeder received the guests and introduced them to the executives and officials of the host drug companies.

The Head Table procession was led by Grand Marshall Morris R. Yaffe to the music accompaniment of "Maryland My Maryland".

Chairman Norman J. Levin introduced Rabbi Morris Fishman, Temple Beth El, Margate, New Jersey, who offered the invocation.

Following a most enjoyable dinner served with music in the incomparable Shelburne manner, Convention Chairman Levin

greeted those attending the Banquet and expressed his appreciation for the cooperation and efforts of his committee in assuring a most successful and enjoyable Convention. The Chairman then presented the Toastmaster of the evening, President Harold M. Goldfeder.

President—Toastmaster Goldfeder brought greetings to the members and guests on behalf of the Association. He thanked Convention Chairman Levin, the Convention Committee, T.A.M.P.A., L.A.M.P.A., the suppliers and others who contributed to the success of the Convention.

Toastmaster Goldfeder introduced the Head Table which included ten past presidents of the Association, and guests seated in the audience.

Dr. Robert L. Swain presented a short address entitled: "Where Do We Go From Here?" He reviewed the accomplishments of pharmacy; and the need of unified effort to prepare for the future problems confronting pharmacy.

At the conclusion of Dr. Swain's remarks, Toastmaster Goldfeder called on Pharmacy Week Committee Chairman Milton A. Friedman to make the following 1960 Maryland Pharmacy Week Window Display Contest Awards:

Third Prize—Stephen J. Provenza, Medical Arts Pharmacy, Baltimore

Second Prize—H. Nelson Warfield, Read Drug & Chemical Company, Harundale.

First Prize—Milton A. Friedman, Harris' Pharmacy, Baltimore.

Suitably inscribed plaques were presented to the award winners. Secretary Joseph Cohen made the presentation to Mr. Friedman.

President Goldfeder discharged the 1960-61 Officers and Executive Committee with an expression of gratitude for conscientious services rendered on behalf of the Association.

President-elect Norman J. Levin was installed as President of the Association by Mr. Goldfeder. President Levin then installed the Officers and Executive Committee for 1961-62.

President Levin presented the Past President's Medal to Mr. Goldfeder as his first official act.

On behalf of T.A.M.P.A., retiring President Richard R. Crane introduced the new Officers and Board members of the Travelers Auxiliary. Installation ceremonies of T.A.M.P.A. will take place at a later meeting.

President Ethel Raichlen of L.A.M.P.A. introduced and installed the newly elected Officers and Executive Board of the Ladies Auxiliary.

Prizes were drawn following acknowledgement of the many generous contributions to the success and enjoyment of the Banquet.

Special expression of appreciation was directed to Herman and Leo Bloom, Paramount Photo Service, for the generous and gracious services in taking pictures during the entire Convention.

And so, the 79th Annual Convention of the Maryland Pharmaceutical Association came to a happy and memorable conclusion.

T.A.M.P.A.

The important role of T.A.M.P.A. in the success of our Convention has become a Maryland Pharmaceutical Association tradition.

The officers and committees of the Travelers Auxiliary exerted every effort in assisting the Association in its program of entertainment.

In addition, T.A.M.P.A. members manned the registration desk, undertook many other responsibilities, and provided congenial fellowship.

To the officers and members of T.A.M.P.A., the parent Organization conveys its appreciation and gratitude for the labors and co-operation which insured the success of this outstanding Convention.

OFFICERS ELECTED 1961-62

**At the Forty-Fifth Meeting of the T.A.M.P.A.
Shelburne Hotel, Atlantic City, N.J., July 3, 4, 5, 6, 1961**

Honorary President—Maurice B. Brager

President—Edwin M. Kabernagel, Jr.

First Vice President—H. Sheeler Read

Second Vice President—James A. Allen

Third Vice President—John C. Cornmesser

Treasurer—John A. Crozier

Secretary—Thomas J. Kelly

Directors

Alfred E. Callahan

George B. Rider

Milton J. Timin

B. Dorsey Boyle

C. Wilson Spilker

John M. Albert

Robert Tobias

Herman Bloom

Frederick H. Plate

Maryland Pharmacist Committee

Wilson Spilker, Chairman

George M. Brandt

Kenneth L. Mills

L.A.M.P.A.

The appreciation of the Maryland Pharmaceutical Association is also extended to the Ladies Auxiliary for the role they played in insuring the social success of the Convention.

The Association looks forward to L.A.M.P.A.'s actively participating in the Convention and other functions of the Association in the coming years.

L.A.M.P.A. OFFICERS FOR 1961-62

Officers

Honorary President—Mrs. Andrew G. DuMez
 President—Mrs. Felix H. Kaminski
 First Vice President—Mrs. Norman J. Levin
 Second Vice President—Mrs. Albert Rosenfeld
 Third Vice President—Mrs. Milton A. Friedman
 Treasurer—Miss Amelia C. DeDominicis
 Recording Secretary—Mrs. Charles J. Neun
 Corresponding Secretary—Mrs. Wilfred H. Gluckstern,
 7408 Campfield Road, Baltimore 8, Maryland
 Membership Secretary—Mrs. Jerome J. Cermak
 Mrs. Samuel I. Raichlen, Chairman of Board

Directors

Mrs. Irving I. Cohen	Mrs. Edward C. Maisenhalder,
Mrs. Manuel B. Wagner	Bel Air, Maryland
Mrs. Samuel Jeppi	Mrs. William A. Cooley,
Mrs. Stephen J. Provenza	Cumberland, Maryland
Mrs. George M. Schmidt,	Mrs. Charles S. Austin, Jr.,
Elkton, Maryland	Honorary Board Member
Mrs. James A. I. Parker	Mrs. Frank Block,
Silver Spring, Maryland	Historian

Past Presidents

1953-54 Mrs. Charles S. Austin	1957-58 Mrs. Frank Block
1954-55 Mrs. Charles S. Austin	1958-59 Mrs. Morris L. Cooper
1955-56 Mrs. Sol Weiner	1959-60 Mrs. Anthony G. Padussis
1956-57 Mrs. H. Nelson Warfield	1960-61 Mrs. Samuel I. Raichlen

In Memorium

MARKLAND H. BOYCE, JR.

CHARLES T. CONRAD, JR.

CHARLES R. CRANDALL

HERMAN N. FRENTZ

DAVID B. GETZ

ABRAHAM S. HILLMAN

ANNA M. JANUSZESKI

C. RAYMOND KERR

GEORGE JOSEPH KREIS, JR.

GEORGE LEMKE

EDWARD JOSEPH LEVIE

JOHN D. MEIKLE

JAMES J. RICHARDSON

WILLIAM ROTKOVITZ

SAMPEL SHAPIRO

JOHN EDWARD SCHMIDT

JOHN W. SVAROVSKY

JAMES W. TRUITT

FERDINAND ULMAN

EDWIN P. WENDEROTH

HARRY O. WICKES

MEDFORD C. WOOD

COMMITTEES

MARYLAND PHARMACEUTICAL ASSOCIATION

1961 - 62

Social Committee: Victor H. Morgenroth, Jr., Chairman; William A. Cooley, Cumberland, Co-Chairman; Sam A. Goldstein; H. Nelson Warfield; Morris R. Yaffe, Rockville; William C. Hill, Easton; Louis Lindenbaum; Jay E. Levine, Hagerstown; Morris Shenker, Glen Burnie; John A. Crozier; Joseph P. Fitzsimmons, Washington; Joseph L. Muth; Helen Kaminski; Edwin A. Kabernagel, Jr.; Philip Levin; Martin Rochlin; James W. Roberts, Jr.; James A. Membert, Washington.

Building Committee: Jerome J. Cermak, Chairman; John F. Wannenwetsch; H. A. B. Dunning; Frank Block; Irving I. Cohen.

Trade Relations Committee: Aaron M. Libowitz, Chairman; Milton E. Zentz, Co-Chairman; Jerome Mask; C. Robert Welsh; Isaac E. Kerpelman, Salisbury; Charles E. Spigelmire; Nathan I. Gruz; Irving I. Cohen, Robert P. Keech, Cumberland; Howard L. Gordy, Salisbury; William Appel, Easton; W. Les Brunnett, Riverdale; Victor G. Mercer, Frederick; Stanley J. Yaffe, Odenton; Milton L. Hillman, Lexington Park; Herman Taetle, Silver Spring; Jay E. Levine, Hagerstown.

School of Pharmacy Committee: Irving I. Cohen, Chairman; James P. Cragg, Jr., Co-Chairman; Samuel I. Raichlen; Alexander J. Ogrinz, Jr.; Stephen J. Provenza; H. Nelson Warfield; Henry G. Seidman; Frederic T. Berman; Frank Block; Francis S. Balassone; Simon Solomon; John F. Wannenwetsch.

Professional Relations Committee: Stephen J. Provenza, Chairman; Jerome Mask, Co-Chairman; Milton A. Friedman; Samuel Wertheimer, Cumberland; Joseph U. Dorsch; Arthur C. Harbaugh, Hagerstown; Albin A. Hayman, Salisbury; Jerome J. Cermak; Fred G. Sullivan, Hyattsville; George J. Stiffman; Morton J. Schnaper, Bethesda; John E. Donaldson, Washington; Elmer C. Hillman, Jr., Bladensburg; H. Nelson Warfield; Henry J. Glaeser, Jr., Manchester; Morris R. Yaffe, Rockville.

Legislative Committee: Victor H. Morgenroth, Jr., Chairman; Milton E. Zentz, Co-Chairman; James A. I. Parker, Kensington; Walter E. Albrecht, Linthicum Heights; A. Lester Batie, Laurel; Albin A. Hayman, Salisbury; Morris Lindenbaum, Reisterstown; Lyndon B. Myers, Mt. Airy; Peyton N. Horne, Easton; Victor G. Mercer, Frederick; J. Ronald Reed, Hagerstown; Milton J. Fitzsimmons, Ellicott City; Joseph Marmor, Frederick; James F. Salmon, LaVale; Morris R. Yaffe, Rockville; Robert E. Proudfoot, Oakland; Paul J. Snyder; Herman Taetle, Silver Spring; Bernard Cherry; Lloyd N. Richardson, Bel Air; Frank Block; Elmer W. Sterling, Church Hill; Howard L. Gordy, Salisbury; Aaron M. Libowitz; George M. Schmidt, Elkton; Simon Solomon; Halcolm S. Bailey, Ocean City; John F. Wannenwetsch; Gregory W. A. Leyko; Cecil E. Guild, Westminster; William J. Connor, Centreville; Jerome Mask; Henry G. Seidman; Herman B. Drukman; Hyman Davidov; C. Robert Welsh.

Auditing Committee: Charles E. Spigelmire, Chairman; Sam A. Goldstein; Gordon A. Mouat; Morris Lindenbaum, Reisterstown; Frank Block.

Membership Committee: Alexander J. Ogrinz, Jr., Chairman; Morris R. Yaffe, Co-Chairman, Rockville; William C. Hill, Easton; Herman Taetle, Silver Spring; Morris Shenker, Harundale; Lynn Sheetz, Cumberland; Donald Fedder; Wilfred H. Gluckstern; Jerome J. Cermak; George J. Stiffman; Irving I. Cohen; Stephen J. Provenza; Solomon Weiner; William Y. Kitchin, Annapolis.

Finance Committee: Gordon A. Mouat, Chairman; Herman B. Drukman, Co-Chairman; H. A. B. Dunning; Aaron M. Libowitz; John F. Wannewetsch; Solomon Weiner; Charles E. Spigelmire; Morris Lindenbaum, Reisterstown.

Public Relations Committee: Charles E. Spigelmire, Chairman; W. Les Brunnett, Riverdale, Co-Chairman; Donald Fedder; Albin A. Hayman, Salisbury; Halcolm S. Bailey, Ocean City; Isadore Singer, Laurel; Morton J. Schnaper, Bethesda; Milton A. Friedman; H. Nelson Warfield; William Y. Kitchin, Annapolis; Nathan I. Gruz; Irving Freed; David Newman, Havre de Grace; Alphonse S. David, Easton; Henry W. Lawlor, LaPlata; Jay E. Levine, Hagerstown; Robert V. Mercer, Frederick.

Fair Trade Committee: Simon Solomon, Chairman; Alexander J. Ogrinz, Jr., Co-Chairman; Harold M. Goldfeder, Riverdale; Jerome Mask; Victor H. Morgenroth, Jr.; Melvin J. Sollod, Adelphi; Isaac E. Kerpelman, Salisbury; John Deans, Princess Anne; John H. Dougherty, Jr.; Herman Taetle, Silver Spring; Myer Stoler; Robert J. Martin, LaVale.

Publications Committee: B. Olive Cole, Chairman; Frank J. Slama; Noel E. Foss; Francis S. Balassone; Simon Solomon; John F. Wannewetsch.

Pharmacy Week Committee: Milton A. Friedman, Chairman; William Y. Kitchin, Annapolis, Co-Chairman; H. Nelson Warfield; Charles J. Neun; Arthur C. Harbaugh, Hagerstown; Victor G. Mercer, Frederick; Aaron M. Libowitz; Thomas M. Payne, Easton; Morris L. Cooper; Robert F. Nierman, Cumberland; W. Les Brunnett, Riverdale; David Newman, Havre de Grace; John E. Donaldson, Washington; Elmer C. Hillman, Jr., Bladensburg; Irvin L. Kamanitz, Salisbury; Stanley J. Yaffe, Odenton; Henry Glick, Cumberland.

Pharmacy Committee: Wilfred H. Gluckstern, Chairman; Fred G. Sullivan, Hyattsville, Co-Chairman; George M. Schmidt, Elkton; Morton L. Pollack; Henry A. Santoni; Aaron J. Friedman; Norman Schenker; Anthony J. Petralia; C. Murray Allen, Cumberland; William J. Appel, Easton; Eli Fedder, Pikesville; N. W. Chandler, Landover Hills; Bernard B. Lachman; Morton J. Schnaper, Bethesda.

Nominating Committee: Harold M. Goldfeder, Riverdale, Chairman; Gordon A. Mouat; Frank Block; George M. Schmidt, Elkton; Frank J. Macek; Hyman Davidov; Albin A. Hayman, Salisbury.

Resolutions Committee: Noel E. Foss, Chairman; Simon Solomon, Co-Chairman; Aaron M. Libowitz; Howard L. Gordy, Salisbury; Morris R. Yaffe, Rockville; Herman B. Drukman; James A. I. Parker, Kensington; Morton J. Schnaper, Bethesda; Walter E. Albrecht, Linthicum Heights; John F. Wannewetsch; Francis S. Balassone; Frank Block; Lester R. Martin, Cumberland.

Civil Defense Committee: Jerome Mask, Chairman; Sydney G. Weinberg, Co-Chairman; Philip Richman, Annapolis; Gregory W. A. Leyko; Milton Sarubin, Ellicott City; Robert Tomsko, LaVale; C. W. Englander, Oakland; Isaac E. Kerpelman, Salisbury; Simon Solomon; Noel E. Foss; Francis S. Balassone; Arthur C. Harbaugh, Hagerstown; S. Earl Webster, Cambridge; William C. Hill, Easton; Milton J. Fitzsimmons, Ellicott City; Louis H. Kraus, Jr., Salisbury; Edwin C. Maisenhalder, Bel Air; David Newman, Havre de Grace; Milton Waxman, Elkton; Walter T. Savage, Berlin; Elmer W. Sterling, Church Hill; James W. Truitt, Federalsburg; W. A. Braden, Silver Spring; Morris Lindenbaum, Reisterstown; Donald Fedder; Victor G. Mercer, Frederick; Jacob H. Sapperstein, Cockeysville.

Grievance Committee: Gordon A. Mouat, Chairman; District No. 1: Albin A. Hayman, Salisbury; Peyton N. Horne, Easton; District No. 2: Morris Shenker, Glen Burnie; Edward J. Passaro; District No. 3: N. W. Chandler, Landover Hills; Herman Taetle, Silver Spring; District No. 4: Jay E. Levine, Hagerstown; Henry J. Glaeser, Jr., Manchester; District No. 5: Carlton W. Hanks, Sr., Cumberland; C. W. Englander, Oakland; District No. 6: Bernard Cherry; Anthony J. Petralia.

COMMITTEE FUNCTIONS

Social Committee:

To recommend a convention site to the Executive Committee.
To promote the convention generally: Contributions, entertainment, attendance, publicity.

Building Committee:

To inspect the Kelly Memorial Building and grounds. To recommend repairs, maintenance and improvements.

Trade Relations Committee:

To improve trade relations between manufacturers, wholesalers and retailers particularly in out-front merchandise.

School of Pharmacy Committee:

To assist the School of Pharmacy, University of Maryland in promoting the School and forming a close relationship between the Faculty, Student Body and members of the Association.

Professional Relations Committee:

A liaison between Pharmacy, Dentistry and Medicine. To encourage closer and better relations between these professions.
To foster meetings to discuss problems of common interest.
To promote better intra-professional relations.

Legislative Committee:

To study all legislation affecting Pharmacy—local, state and federal. To take an active part in preventing harmful legislation and seeking beneficial legislation. To attend legislative sessions and hearings and participate in them if necessary.

Membership Committee:

To devise ways and means of improving the membership in the Association both numerically and qualitatively. Active participation to bring this about by mailing bills and calling on both delinquent and prospective members.

Finance Committee:

To study the financial needs of the Association for efficient operation. To prepare a budget and to recommend addition or deletion of expense items.

Auditing Committee:

To examine the books of the Association after the annual audit has been made.

Public Relations Committee:

To promote pharmacy through various medias—radio, television, newspapers, so that the public will have a better understanding and opinion of pharmacists and Pharmacy.

Fair Trade Committee:

To cooperate with the Fair Trade Service Bureau in the maintenance of Fair Trade in the State of Maryland, and to support legislation on both a State and National level pertaining to Fair Trade.

Publications Committee:

To examine the Maryland Pharmacist, official publication of the Maryland Pharmaceutical Association. To make editorial contributions, obtain advertisers and improve the publication generally.

Pharmacy Week Committee:

To assist the American Pharmaceutical Association in promoting National Pharmacy Week. To encourage participation in retail, hospital, school and public exhibits. To provide suitable awards.

Pharmacy Committee:

To promote professional Pharmacy and the good practice of Pharmacy.

Civil Defense:

To join with Civil Defense authorities on all levels to provide pharmaceutical service in case of an attack.

Grievance Committee:

To reconcile public, interprofessional, and/or intraprofessional complaints brought against the practitioners of Pharmacy.

Resolutions Committee:

To gather and prepare resolutions for presentation at the annual Convention.

Nominating Committee:

To present a slate of officers, executive committee and nominees for the Maryland State Board of Pharmacy to the annual convention for election as stated in the Constitution of the Association.

Executive Committee:

The governing body of the Association as stated in the Constitution.

INFORMATION ON THE FURNISHING OF PRESCRIPTIONS & MEDICAL REQUISITES TO VETERANS ADMINISTRATION BENEFICIARIES.

NOTE: This service is furnished by the Maryland Pharmaceutical Association to members of the Association only.

The Maryland Pharmaceutical Association (the Contractor) agrees to make available during the period from July 1, 1961 to June 30, 1962, all services outlined below.

1. **SERVICES:** The Contractor through the pharmacies of the State of Maryland, which are owned, managed, or operated by registered pharmacist members of the Association agrees to supply drugs and medical requisites on prescriptions to Veterans Administration beneficiaries entitled thereto.

2. **PRESCRIPTIONS:** For the purpose of this contract, an original written prescription on VA Form 10-2577, the physician's or dentist's regular printed prescription blank bearing the date written, the name and postal address of the patient and the signature of the prescribing physician or dentist to the statement "I am authorized to treat, and prescribe for the above-named Veterans Administration patient" will be considered proper authorization to a participating pharmacy. (Statement of authorization may be written, printed, typed, or stamped upon either side of the prescription blank.)

3. **MEDICAL REQUISITES:** Medical requisites will be supplied only on the original written prescription of a physician or dentist and will bear the same information and authorization statement as required for prescriptions for medication. Medical requisites as referred to herein are defined to include only the following listed items:

a. **ACCESSORIES**

1. Hypodermic (insulin or other) syringe and two (2) needles
2. Two (2) hypodermic needles
3. Atomizer
4. Nebulizer
5. Hot water bottle
6. Fountain syringe
7. Combination hot water bottle and syringe
8. Ice bag
9. Ice cap
10. Urinal
11. Bed pan
12. Enema can
13. Feeding tube
14. Ear and ulcer syringe
15. Urethral catheter

b. **DRESSINGS**

1. Gauze Bandages
2. Sterile Pads
3. Adhesive Tape
4. Sterile Absorbent Cotton

The items listed in subparagraph b. are for use only in connection with the application of medication prescribed for immediate needs following an authorized treatment, and are not intended for prolonged continuing use in chronic cases. They may be furnished on prescription in accordance with paragraph 2, only when such prescription is accompanied by a properly documented prescription for medication requiring the use of such accessory items for its application as prescribed. Quantities furnished by pharmacists will not exceed amounts prescribed and will not exceed in total value on any one prescription the schedule price of the accompanying prescriptions for local medication requiring such prescribed dressing.

Pharmacists are authorized to adjust downward, quantities of items furnished under b., if necessary to come within the above maximum cost limitation, certifying the quantity furnished and price charged, and obtaining the signature of receipt as provided under 4 b.

Prescriptions for dressings (3b) will be attached by the pharmacist to the accompanying prescription for local medication when submitted for payment.

4. RECORD OF PRESCRIPTION: a. The Contractor will require all participating pharmacies to file copies (or originals if required by State or Federal Laws) of all prescriptions filled for Veterans Administration beneficiaries and to maintain a list, by prescription numbers, of all prescriptions subject to this plan for the purpose of inspection.

b. The Contractor will require all participating pharmacies to submit to it monthly every **original** prescription (See paragraph 4c) filled under the provisions of this contract, for which claim for payment is made. Such prescriptions will be clearly marked in ink, or typewritten, with the date filled and fee established. Prescription will bear the signature of the Veterans Administration beneficiary for whom the prescription was written to the statement "I acknowledge receipt of prescription No. (or medical requisite—which must be described by common name) on (Date.....)"

c. Certified copies of narcotic prescriptions will be accepted. However, such copies **must bear**, in addition to other statements and signatures, **the signature of the beneficiary** to the acknowledgment of receipt. Carbon copy of the veteran's signature on the true copy of the prescription will be acceptable for payment processing purposes provided the signature is legible. **Typewritten signatures will not be acceptable.**

d. When it is not possible to secure the signature of the beneficiary without hardship, the signature of a responsible adult representative of the beneficiary may be accepted. If neither can be obtained, certification to that effect may be accepted.

e. An itemized invoice must accompany all prescriptions forwarded to the Maryland Pharmaceutical Association for payment.

5. FEES: a. Fees for prescriptions will be in accordance with the prescriptions schedule, which is attached hereto, and made a part

of this contract, it being understood that such fees are not in excess of the rates charged for identical services to other persons who are not Veterans Administration beneficiaries.

b. Charges allowable for medical requisites will be the established Fair Trade minimum retail price, if in effect, for such articles. If Fair Trade is not in effect, the charges allowable will be the prevailing retail price of the participating pharmacy for such article to other persons who are not Veterans Administration beneficiaries.

PRESCRIPTION SCHEDULE FOR VETERANS ADMINISTRATION BENEFICIARIES EFFECTIVE JULY 1, 1958

Average Price Includes Cost, Profit, Container (5) Charge & Professional Fee

Volume or Weight	Internal Liquids (Dram or more per dose)		Eye, Ear, Nose Drops (Internal)		Liquids in Drop Doses External Liquids		Lotions, Gargles, Injections, etc.		Handmade Ointments		Handmade Bulk Powders Calculate on Volume		Number	Handmade Capsules, Papers, etc.		Handmade Suppositories	
	Avg.	Avg.	Avg.	Avg.	Avg.	Avg.	Avg.	Avg.	Avg.	Avg.	Avg.	Avg.		Avg.	Avg.	Avg.	Avg.
1 dr.	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1-2	1.00	1.00	1.00	1.00
2 dr.	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	3	1.00	1.00	1.00	1.00
4 dr.	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	6	1.00	1.50	1.50	1.50
1 oz.	1.00	1.25	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	12	1.25	2.25	2.25	2.25
2 oz.	1.25	1.50	1.00	1.50	1.00	1.50	1.25	1.50	1.25	1.50	1.25	1.50	18	1.50	3.00	3.00	3.00
3 oz.	1.50	2.00	1.25	2.00	1.25	2.00	1.25	2.00	1.25	2.00	1.25	2.00	20	1.75	3.25	3.25	3.25
4 oz.	1.75	2.50	1.50	2.50	1.50	2.50	1.50	2.50	1.50	2.50	1.50	2.50	24	2.00	3.75	3.75	3.75
6 oz.	2.00	—	1.75	3.00	1.75	3.00	1.75	3.00	1.75	3.00	1.75	3.00	36	2.75	4.25	4.25	4.25
8 oz.	2.50	—	2.00	3.75	2.00	3.75	2.00	3.75	2.00	3.75	2.00	3.75	40	3.00	4.75	4.75	4.75
12 oz.	2.75	—	2.25	4.50	2.25	4.50	2.25	4.50	2.25	4.50	2.25	4.50	50	3.50	5.00	5.00	5.00
16 oz.	3.50	—	2.50	5.00	2.50	5.00	2.50	5.00	2.50	5.00	2.50	5.00	100	6.00	8.50	8.50	8.50

(If exact quantity called for is not listed, charge at rate of the average of the two nearest quantities given.)

Instructions

1. Above prices are AVERAGE and subject to modification where dose varies or where one or more ingredients are very expensive. In general, when the cost (1) of the amount used of any ingredient (2) equals or exceeds 1/5 of the Schedule price add the cost of the amount used of such ingredient, to the Schedule price.

2. In every case where calculated price is an odd number, adjust price to the nearest number divisible by 5. If more than one calculation is required, adjust number after each calculation.

3. For all Proprietaries or other manufactured products in original manufacturer's size or quantity cost (1) plus 66%, or prevailing over counter price, if any, whichever is lower.

4. For less than manufacturer's size (3) of any liquid, solid or powder Proprietary (4) with wholesale cost of \$4.00 or less for the quantity dispensed charge Schedule price, or cost (1) of quantity dispensed plus 75%, whichever is higher. If in combination, follow Schedule (or cost of quantity dispensed plus 75%, whichever is higher) and Instruction 1. For less than manufacturer's size (3) of any liquid, solid or powder Proprietary with wholesale cost of more than \$4.00 for the quantity dispensed charge cost of quantity dispensed plus 66%.

5. For less than manufacturer's size (3) of any Tablet, Pill, Capsule, etc. with wholesale cost of \$4.00 or less for the quantity dispensed, charge cost (1) of quantity dispensed plus 150% for all quantities up to and including one-fourth of manufacturer's size; charge cost of quantity dispensed plus 100% for all quantities up to and including one-half of manufacturer's size; charge cost of quantity dispensed plus 75% for all quantities greater than one-half of manufacturer's size. For less than manufacturer's size (3) of any Tablet, Pill, Capsule, etc., with wholesale cost for the quantity dispensed of more than \$4.00 charge wholesale cost of quantity dispensed plus 75%.

6. Minimum price for any prescription \$1.00.

7. Prescription prices will not exceed those charged nonveterans for identical prescriptions. If schedule prices exceed those on record in the pharmacy's prescription file for identical prescriptions for persons who are not VA beneficiaries, adjust price to lower figure.

- (1) "Cost means Wholesaler's price.
- (2) "Ingredient" does not include vehicle. No increase in price should be made for cost of vehicle unless such cost equals or exceeds one-half of Schedule price. In such cases add one-half the cost of the amount (of vehicle) used to the Schedule price.
- (3) "Size." Where more than one size is listed base price on cost of size nearest to quantity dispensed.
- (4) "Proprietary" includes all "Specialties," Trade Marked items, specific manufacturer's product, etc.
- (5) Best Quality and adapted to intended use of medicament, (e.g. dropper bottle, ophthalmic tube, etc.)

ONLY THESE NARCOTIC PREPARATIONS MAY BE SOLD ON ORAL OR TELEPHONED PRESCRIPTION

The Federal Bureau of Narcotics has issued its list of narcotic preparations that can be sold on oral prescription.

The Maryland Law is now also in effect. Following is the Federal Bureau's oral prescription narcotic list:

(1) **CODEINE** (methymorphine): Codeine content of compound must not exceed eight grains per fluid oz. or one grain per dosage unit. *Codeine must be compounded with—*

- (a) "one or more active non-narcotic ingredients in recognized therapeutic amounts" (examples — Empirin Compound with

Codeine, A.P.C. with Codeine, Coricidin with Codeine, Trigesic with Codeine); or

(b) "an equal or greater quantity of any isoquinoline opium alkaloid or salt thereof" (example—Copavin).

(2) **DIHYDROCODEINONE** or any of its salts in any preparation is hereby restricted to sale on prescription only, in accord with the State Board of Health's "Regulations Governing Acceptance of Oral Prescriptions for Certain Narcotic Drugs".

(3) **DIHYDROHYDROXYCODEINONE** (Oxycodone, Eucodal) or any salt thereof when compounded with one or more active *non-narcotic* ingredients in recognized therapeutic amounts. Dihydrohydroxycodone content must not exceed two-third grain per fluid oz. or one-twelfth grain per dosage unit. (example—Percodan, Nucodan)

(4) **DIONIN** (Ethylmorphine) or any salt thereof when compounded with one or more active *non-narcotic* ingredients in recognized therapeutic amounts. Dionin content must not exceed one and one-third grains per fluid oz. or one-sixth grain per dosage unit (example—Terpin Hydrate and Creosote compound with Dionin).

(5) **ANY ISOQUINOLINE ALKALOID OF OPIUM** or any salt of any such isoquinoline alkaloid, *alone* or in combination with other active non-narcotic medicinal ingredients. According to the Narcotics Bureau, the only isoquinoline alkaloids of opium currently on the market are: *Papaverine*, *Narcotine*, *Cotarnine*, and *Narceine*.

(6) **APOMORPHINE** or any salt thereof *alone* or in combination with other active non-narcotic medicinal ingredients.

(7) **NALLINE** (N-allyl-normorphine, Nalorphine) or any salt thereof *alone* or in combination with other active non-narcotic medicinal ingredients. It is an antidote for morphine poisoning.

Oral Prescription Narcotic List Does Not Include—

(1) **Straight Codeine**, Dihydrocodeinone, Dihydrohydroxycodone, or Dionin. An effort was made to get straight Dionin included in the list for ophthalmic solutions, but was unsuccessful.

(2) **MORPHINE** or any of its salts or compounds, except when they are included in preparations that have previously been known as *exempt narcotics*. In fact, oral prescriptions can be accepted for any *exempt narcotic preparation*. This is logical because any *exempt narcotic preparation* can be sold *over-the-counter* without any prescription within the limits set by federal and state laws and regulations.

(3) **METHADONE COMPOUNDS** (Amidone, Adanon, Dolophine). Methadone compounds with other non-narcotic ingredients were proposed with certain dosage limitations, but were not included in the final list.

(4) **OPIUM COMPOUNDS** with other non-narcotic ingredients for topical application were proposed, but not included.

(5) **DEMEROL** (Pethidine, Meperidine): Dilaudid (Dihydromorphinone); Cocaine; Pantopon; Metopon; Dromoran; Isomethadone; Methadol; Nisentil (Alphaprodine); Heptazone (Thebaine); Phenadoxone.

Oral Prescriptions Must Be Reduced To Writing And Filed; No Refills

Like oral prescriptions for non-narcotic drugs under the Food and Drug Administration's Durham-Humphrey (D-H) law, and under our own Maryland Law, (the dangerous drug law) narcotic oral prescriptions must be reduced to writing promptly by the pharmacist and must be filed. The oral prescription narcotic law specifically requires that prescriptions be kept for two years.

Oral prescriptions can be accepted from any physician or other practitioner who has a narcotic registration. The practitioner must supply the pharmacist with the same information required for a written narcotic prescription.

Unlike FDA's Durham-Humphrey law, and our own harmful drug law, refills cannot be authorized on either a written or an oral narcotic prescription (except, of course, in the case of *exempt narcotic* preparations). A new prescription must be obtained each time.

There Are Now Three Classes of Narcotic Preparations

So far as the physician and the pharmacist are concerned, the new federal law and list issued by the Federal Bureau have the effect of creating three classes of narcotic preparations:

(1) **WRITTEN PRESCRIPTION NARCOTICS:** All narcotic preparations that do not fall in either of the next two categories still require the presentation of a written prescription before the pharmacist *can deliver* the drug.

(2) **ORAL PRESCRIPTION NARCOTICS:** Oral prescriptions can be accepted by the pharmacist for preparations on the Federal Bureau's list in those states where such oral prescriptions are legal under state law (Maryland). Oral prescriptions can be accepted for prescriptions that require compounding by the pharmacist as well as those available in pharmaceutical specialty form.

(3) **EXEMPT NARCOTICS:** No prescription is required for exempt narcotics which can be sold over-the-counter, but federal law requires a written record of each sale in a registration book.

Except for the simple fact that oral prescriptions are authorized for a limited list of narcotic preparations, the new federal law and regulations do not change anything else with regard to the re-

sponsibilities of physician and pharmacists in the handling of narcotics. For example—

Even if the physician supplies a pharmacist with a prescription, the latter cannot sell him narcotics for use in his office or other practice. The physician is not supposed to get any narcotics for these purposes unless he uses his official narcotics order form. If a pharmacist is registered as a "wholesaler," he can supply a physician via an official order form.

NOTE:

A number of narcotics, which are considered exempt under Federal Law, are not exempt under State of Maryland Laws. Only a narcotic specifically cited by Maryland Law as an exempt narcotic may be so sold.

ARTICLES OF INCORPORATION

Know all men by these presents, That we, M. L. Byers, David M. R. Culbreth, Joseph B. Garrott, E. M. Foreman, John W. Geiger, Samuel Mansfield, J. Charles Smith, Columbus V. Emich, Albion J. Corning, John T. Thomsen, D. C. Auginbaugh, Edwin Eareckson, William Simon and J. Walter Hodges, being citizens of the United States, and a majority of whom are citizens of the State of Maryland, do hereby certify that we do, under and by virtue of the General Laws of this State, authorizing the formation of corporations, hereby form a corporation under the name of "The Maryland State Pharmaceutical Association of Baltimore City."

We do further certify, that the said corporation, so formed is a corporation for the purpose of bringing together the reputable Pharmacists, Chemists and Druggists of the State, that they may by thorough organization and united effort advance the science of Pharmacy, promote scientific research, and in the interest of the public strive to have enacted just, stringent laws, to prevent the adulteration of food and medicines, and to confine the compounding and sales of medicines to regularly educated Pharmacists; that the term of existence of said corporation is limited to forty years; and that the said corporation is formed upon the articles, conditions and provisions herein expressed, and subject in all particulars to the limitations relating to corporations, which are contained in the General Laws of this State.

We do further certify, that the operations of said corporation are to be carried on in the State of Maryland, and that the principal office of the said corporation will be located in Baltimore City.

We do further certify that the said corporation has no capital stock.

We do further certify that the said corporation will be managed by the officers, and that the said M. L. Byers, David M. R. Culbreth, Joseph B. Garrott, E. M. Foreman, John W. Geiger, Samuel Mansfield, J. Charles Smith and Columbus V. Emich are the names of the Officers who will manage the concerns of the said corporation for the first year.

IN WITNESS WHEREOF, We have hereunto set our hands and seals this twenty-sixth day of November, in the year eighteen hundred and eighty-nine.

M. L. BYERS	(Seal)	COLUMBUS V. EMICH	(Seal)
DAVID M. R. CULBRETH, M. D.	(Seal)	JOHN T. THOMSEN	(Seal)
JOSEPH B. GARROTT	(Seal)	D. C. AUCHINBAUCH	(Seal)
E. M. FOREMAN	(Seal)	EDWIN EARECKSON	(Seal)
JOHN W. GEIGER	(Seal)	WILLIAM SIMON	(Seal)
SAMUEL MANSFIELD	(Seal)	J. WALTER HODGES	(Seal)
J. CHARLES SMITH	(Seal)	A. J. CORNING	(Seal)

A CODE OF ETHICS

For the guidance of members of this Association and all pharmacies of the State who may wish to follow the higher practice of their profession.

RESPECTING THE PHARMACIST HIMSELF

First—He should, by study, experimentation, investigation and practice, thoroughly qualify himself to fully meet and competently transact the daily requirements of his vocation.

Second—He should possess a good moral character and should not be addicted to the improper use of narcotic drugs nor the excessive use of alcoholic stimulants.

Third—He should constantly endeavor to enlarge his store of knowledge; he should, as far as possible, read current pharmaceutical literature; he should encourage all such pharmaceutical organizations as seen to be helpful to the profession, and so deport himself as not to detract from the dignity and honor of the calling this Association, especially is trying to elevate.

Fourth—He should accept the standards and requirements of the United States Pharmacopoeia and the National Formulary for the articles of *Materia Medica* and the preparations recognized by these publications, and, as far as possible, should promote the use of these and discourage the use of proprietaries and nostrums.

RESPECTING THE PHARMACIST'S RELATION WITH THOSE FROM WHOM HE MAKES PURCHASES

First—He should deal fairly with these, all goods received in error or excess, and all undercharges, should be as promptly reported as are shortages and overcharges. Containers not charged for and not included in the charge of contents should be carefully returned, or, if used should be credited to the party to whom they belong.

Second—He should earnestly strive to follow all trade regulations and rules, promptly meet obligations, closely follow all contracts and agreements, and should not encourage or sanction any division of quantity purchases not contemplated in the terms of sale.

RESPECTING THE PHARMACIST'S RELATION WITH HIS FELLOW-PHARMACIST

First—In this relationship he should, especially, "do as he would be done by." He should not make any comment or use any form of advertisement that will reflect upon a member of the profession, generally or specifically. Nor should he do that which will in any way discredit the standing of other pharmacists in the minds of either physicians or laymen.

Second—He should not obtain, surreptitiously, or use the private formulas of another, nor should he imitate or use another's preparations, labels or special forms of advertising.

Third—He should not fill orders or prescriptions which come to him by mistake. Prescription containers with copies and labels of another phar-

macist upon them may be filled by him upon request but he must invariably replace the labels with his own, thereby assuming proper responsibility.

Fourth—He should never request a copy of a prescription from another pharmacist; the owner of the prescription, being alone entitled to a copy, is the proper person to ask for it.

Fifth—He may borrow merchandise from another pharmacist, provided the practice is reciprocal and equally agreeable to both parties; but the better form is to pay a sum for the desired article equal to the cost and half of the profit to be obtained.

RESPECTING THE PHARMACIST'S RELATION WITH PHYSICIANS

First—He should positively refuse to prescribe for customers except in case of urgent emergency.

Second—He should not, under any circumstances substitute one article for another, or one make of an article for another, in a physician's prescription without the physician's consent.

Third—He should refuse to re-fill prescriptions or give copies of them when so instructed by the physician.

Fourth—He should not put advertisement of any kind on prescription blanks furnished to the physician, including the name and address of the pharmacy or pharmacist.

Fifth—He should not place copies of prescriptions upon containers unless ordered to do so by the prescriber, even though the patient should request it. Nor should he use any word or label, like "For External Use," "Poison," "Caution," etc., with due regard for the wishes of the prescriber, provided the safety of the patient and family is not jeopardized.

Sixth—Whenever there is a doubt as to the correctness of the physician's prescription or directions, he should invariably confer with the physician in order to avoid possible mistakes or unpleasantness; changes in prescriptions should not be made without such conference.

RESPECTING THE PHARMACIST'S RELATIONS WITH HIS PATRONS

First—He should seek to merit the confidence of his customers, which, when won, should be jealously guarded and never abused by extortion or misrepresentation.

Second—He should supply products of standard quality only to patrons, excepting when something inferior is specified and paid for by them.

Third—He should charge no more than fair, equitable prices for merchandise and prescriptions; but the time required for the proper preparation of prescriptions should be duly considered and paid for.

Fourth—He should hold the safety and health of his patrons to be of first consideration; he should make no attempt to treat disease nor strive to sell nostrums or specifics simply for the sake of profit.

Fifth—He should consider the reckless or continued sale of drugs to habitues and the illicit sale of abortive medicines or poisons to be practices unbecoming a gentleman, a pharmacist and a member of this Association.

CONSTITUTION AND BY-LAWS

Revised and Adopted June 28, 1956

Preamble

WHEREAS, to promote progress and to guard the well-being of our profession within the State, Pharmacists should be thoroughly organized, and

WHEREAS, the relations existing between Pharmacists, Chemists, Drug Wholesalers and Manufacturers are, and ought to be, of the most intimate and confidential character, and

WHEREAS, there exists great necessity for the enactment of just, and stringent laws in the interest of the public, to guard against the adulteration, abuse and misrepresentation of drugs and medicines and to confine the compounding and dispensing of drugs and medicines to those who are thoroughly competent and duly licensed. Therefore, be it

Resolved, that we, the Pharmacists, Chemists, Drug Wholesalers and Manufacturers of the State of Maryland in convention assembled do hereby organize ourselves into a permanent association and adopt the following Constitution and By-Laws.

CONSTITUTION

ARTICLE I.

This Association shall be known as the MARYLAND PHARMACEUTICAL ASSOCIATION INCORPORATED.

ARTICLE II.

OBJECT OF THE ASSOCIATION:

The object of this Association is to bring together the reputable Pharmacists, Chemists, and Allied Members of the drug industry of the State, that they may, by thorough organization and united effort, advance the science of Pharmacy promote scientific research and, in the interest of the public, strive to have enacted just, and stringent laws conforming to state and federal regulations, and to prevent the adulteration, abuse and misrepresentation of drugs and medicines and to confine the compounding and sale of drugs and medicines to duly educated and licensed pharmacists.

ARTICLE III.

TYPES OF MEMBERSHIP:

Section 1. This Association shall consist of active, associate, affiliate, honorary and life members.

Section 2. ACTIVE MEMBERS: Any registered pharmacist in the State of Maryland, of good moral character and professional standing, who shall have attained the age of twenty-one years, shall be eligible to active membership in this Association, upon subscribing to the constitution and by-laws of this Association and payment of dues for the current year, and shall be entitled to all the rights, privileges and benefits of the Association. Applications shall be made on the form prescribed by the Executive Committee and

shall be approved by the vote of a majority of the Executive Committee. None of the above qualifications shall change the status of any Active Member at this time.

Section 3. ASSOCIATE MEMBERS: Any registered pharmacist who does not have a proprietary interest in a drug store or pharmacy, any registered assistant pharmacist; pharmacy interne; educator; or any person of an allied profession or calling in the State of Maryland, of good moral character and professional standing, who shall have attained the age of twenty-one, shall be eligible to associate membership in this Association, upon subscribing to the constitution and by-laws of this Association and the payment of dues for the current year, and shall be entitled to all the rights, privileges and benefits of the Association, except the right to vote or hold office in the Association.

Section 4. AFFILIATE MEMBERSHIP: Any non-registered pharmacist in the State of Maryland or others who have a proprietary or managerial interest in a drug store or pharmacy; any owner, members of a corporation or executive of an allied business or calling in the State of Maryland, of good moral character and standing, who shall have attained the age of twenty-one, shall be eligible to affiliate membership in this Association, upon subscribing to the constitution and by-laws of this Association, and the payment of dues for the current year, and shall be entitled to all the rights, privileges and benefits of the Association, except the right to vote or hold office in the Association.

Section 5. LIFE MEMBERSHIP: Any active member who has paid at least twenty-five years continuous dues, may pay ten years current dues in advance to the Treasurer and shall be a life member. Life members shall have all the rights and privileges of active members, including the right to vote, but are not required to pay the annual dues, thereafter.

Section 6. HONORARY MEMBERS: Professional men, physicians, pharmacists, chemists, scientists and other persons of merit, not actively engaged in the practice of retail pharmacy, shall, upon the vote of 80% of the Executive Committee, be declared honorary members and shall be entitled to all the privileges of the other classes of members except the right to vote and to hold elective office. They shall not be required to pay annual dues.

ARTICLE IV.

OFFICERS AND EXECUTIVE COMMITTEE:

The Officers of this Association shall consist of a President, four Vice-Presidents, an Executive Secretary, a Treasurer, and an Executive Committee composed of representatives of five districts, and Baltimore City, comprising the State of Maryland. Originally, each district shall have representation based on two members on the Executive Committee for each of the five districts and three members for Baltimore City, regardless of store population. After adoption of this Constitution, any of the five districts and Baltimore City shall be entitled to one extra member on the Executive Committee on the basis of one member for every twenty-five dues paid members in the district or Baltimore City. Representation shall not exceed five members to the Executive Committee from any one district or Baltimore City.

District 1: Eastern Shore. To include the following counties: Caroline, Cecil, Dorchester, Kent, Queen Annes, Somerset, Talbot, Wicomico and Worcester.

District 2: Central. To include the following counties: Anne Arundel, Baltimore, Harford and Howard.

District 3: Southern. To include the following counties: Calvert, Charles, Montgomery, Prince Georges and St. Marys.

District 4: Northern. To include the following counties: Carroll, Frederick and Washington.

District 5: Western. To include the following counties: Allegany and Garrett.

District 6: Baltimore City. To include the corporate city limits.

All officers of this Association except the Executive Secretary shall be elected annually by ballot, and shall hold office until their successors are elected and have qualified. The Executive Secretary shall be appointed by the Executive Committee, to serve and act during the term of said Executive Committee.

Ex-Officio members may be elected annually by ballot, to the Executive Committee because of the office they hold. Ex-Officio members to the Executive Committee shall not vote.

The President of the Association shall become a member of the Executive Committee for the year immediately following his term as president, and he shall serve as chairman of the Executive Committee during this period.

ARTICLE V.

AMENDMENT OF CONSTITUTION:

Every proposition to alter or amend this Constitution must be submitted in writing, and, after being read at a duly constituted meeting shall be referred to the Executive Committee, and lie over until the next annual or duly constituted meeting of the Association, when, upon receiving an affirmative vote of two-thirds of the members present, it shall become part of this Constitution.

ARTICLE VI.

QUORUM:

Twenty-five members shall constitute a quorum for the transaction of business.

BY-LAWS

ARTICLE I.

DUTIES OF THE PRESIDENT:

The President shall preside over all meetings of this Association; he shall decide all questions of order, subject, however, to an appeal. He shall appoint all committees, unless their appointment is otherwise ordered by the

Association and shall be ex-officio, a member of the Executive and each standing committee. He shall present at each annual meeting a report and shall make such suggestions as may seem to him suitable to promote the interest and better carry out the objects for which this Association has been organized. He shall authenticate all proceedings by his signature.

ARTICLE II.

DUTIES OF THE OFFICERS:

In the absence of the President, or his inability to act, his duties shall devolve upon the Vice-Presidents in their order of rank.

ARTICLE III.

DUTIES OF THE EXECUTIVE SECRETARY:

The Executive Secretary shall make and keep correct minutes of the proceedings and conduct all the correspondence of the Association. He shall be ex-officio, a member and Secretary of the Executive and each Standing Committee. He shall carefully preserve on file all reports and papers of every description, and it shall be his duty, under direction of the Executive Committee, to edit the *Maryland Pharmacist*, publish and distribute the *Proceedings of the Association*, countersign all orders upon the Treasury and shall be paid an annual salary of a sum to be determined by the Executive Committee.

ARTICLE IV.

DUTIES OF THE TREASURER:

The Treasurer shall collect and safely hold all dues and other funds belonging to the Association, to the order of the Executive Committee. He shall report to the Executive Committee the status of membership of the Association. He shall at each Executive Committee meeting render a statement of his accounts showing all income and expenditures. He shall at each annual meeting render a statement of his accounts to the Executive Committee for audit and report a copy of the same to the Association. He shall be ex-officio, a member of the Executive Committee. He shall keep a separate account for the monthly journal, charging all expenses and crediting all receipts, setting out this account separately in his annual report. He shall countersign all orders upon the Treasury.

ARTICLE V.

DUTIES OF THE EXECUTIVE COMMITTEE:

The property and affairs of the Association shall be managed by the Executive Committee, consisting of the President, the four Vice-Presidents, the Chairman, who is the immediate preceding president, and members representing the districts of the State as determined in the Constitution. To the extent that the corporation laws of this State permits, the Executive Committee shall be the governing body of the Association and shall have and be entitled to exercise all the power of the members. The Chairman and members at large of the Executive Committee shall be elected by ballot at the annual meeting of the Association and shall hold office until their successors are elected and have qualified. In case of resignation, removal or death

of any member of the Executive Committee, the vacancy shall be filled by the remaining members of the Executive Committee, and the new committee member shall hold office until the election and qualification of his successor.

The Executive Committee shall meet at such times and places as the committee may determine. Special meetings of the Committee may be called at any time by the President or by a majority of the committee.

No member of the Executive Committee shall receive any compensation for his services as such.

Ten members of the Executive Committee shall constitute a quorum for the transaction of any business at any regular or special meeting of the Executive Committee.

ARTICLE VI

MEETINGS:

This Association shall hold its meetings annually at such time and place as the Executive Committee may name and shall give thirty days written notice thereof to the membership. Special meetings shall be called, upon the written application of ten members, directed to the President; said written application before being acted on must be submitted to the Board of Trustees, and receive the approval of a majority of said Board of Trustees, and at least fifteen days notice be given of the time, place and object of meeting in special session. Regional meetings may be held at such place as the President may designate which the officers and chairman of committees especially shall attend.

ARTICLE VII

BOARD OF TRUSTEES:

The officers of the Association shall constitute a Board of Trustees for the transaction of any business that may be intrusted to it.

ARTICLE VIII

FISCAL YEAR:

The fiscal year of this Association shall be the calendar year.

ARTICLE IX.

FINANCIAL ADMINISTRATION:

All checks or orders for payment of money shall be signed by such officer or officers as may, from time to time, be designated by the Executive Committee, provided such papers be signed by the Treasurer with the approval of the President or such other officer designated by the President.

All other contracts, obligations and documents of all kinds shall be executed by the President, whose signature shall be witnessed by the Secretary after approval, shall first have been given by the Executive Committee and shall include such signature or signatures of officers as may be required or designated by the Executive Committee.

All active and affiliate members in order to maintain their status as members in good standing are required to pay dues in the amount of Twenty-five dollars a year, payable January 1st of each year, in advance.

Two dollars of each active and affiliate members dues collected shall be earmarked for "Kelly Memorial Building Maintenance, Only."

All Associate members in order to maintain their status as members in good standing are required to pay dues in the amount of Five dollars a year, payable January 1st of each year, in advance.

Any member, whose dues shall be in arrears for one year shall, after due notification from the Treasurer, lose his rights as a member.

The Executive Secretary and Treasurer shall each receive a salary in such amount as the Executive Committee may determine for his services.

An annual audit shall be prepared by a certified public accountant, who has been approved by the Executive Committee, at the close of business on May 31st each year. A full and true report of the annual audit shall be given at the annual meeting of the Association.

ARTICLE X.

ORDER OF BUSINESS:

The Executive Committee shall furnish the order of business for each regular and annual meeting and shall furnish the Executive Secretary a draft of progress at least thirty days before the date of such meetings.

ARTICLE XI.

APPOINTMENT TO STATE BOARD OF PHARMACY:

A list of members of the Association, in good standing, being skilled and competent pharmacists who have had at least five years active pharmaceutical experience in compounding and dispensing physician's prescriptions, shall be submitted by the executive committee to the nominating committee, which latter named committee shall recommend at the annual meeting of the Association, a list of three eligible members for each vacancy to be filled by appointment of the Governor of the State of Maryland to the Maryland Board of Pharmacy. None of the candidates may be connected with the School of Pharmacy, either as a teacher, instructor, or a member of the Board of Trustees. The Board of Pharmacy shall consist of two members of the City of Baltimore, two members of the Counties of the State, and one member of either the City of Baltimore or the Counties of the State. The appointment shall be for a period of five years. In case of any vacancy or vacancies, whether from expiration of term, resignation, death or otherwise, the Governor shall appoint a successor from a list of Pharmacists of three times the number of vacancies to be filled, said list to be submitted by the Maryland Pharmaceutical Association. The said Commissioners shall, after notification of their appointment each subscribe to the oath prescribed by the Constitution of the State of Maryland and shall hold office until the appointment and qualification of his successor.

ARTICLE XII.

STANDING AND SPECIAL COMMITTEES:

The following Standing Committees shall be appointed annually by the President and approved by the Executive Committee:

- | | |
|---------------------------------|-------------------------------------|
| 1. Social Committee | 5. Professional Relations Committee |
| 2. Building Committee | 6. Legislative Committee |
| 3. Trade Relations Committee | 7. Membership Committee |
| 4. School of Pharmacy Committee | 8. Finance Committee |

- | | |
|--------------------------------|-----------------------------|
| 9. Auditing Committee | 14. Pharmacy Committee |
| 10. Public Relations Committee | 15. Civil Defense Committee |
| 11. Fair Trade Committee | 16. Nominating Committee |
| 12. Publications Committee | 17. Resolutions Committee |
| 13. Pharmacy Week Committee | 18. Grievance Committee |

The President shall also appoint such other special committees as he may, from time to time deem necessary or advisable. The number of members serving on Standing and Special Committees and the duties and responsibilities of all committees shall be determined by the Executive Committee and a report of all committees shall be submitted in writing at regular, special or annual meetings of the members.

ARTICLE XIII.

TRAVELERS AUXILIARY:

Section 1. (Authorization) The Maryland Pharmaceutical Association hereby authorizes the organization of the Travelers' Auxiliary of the Maryland Pharmaceutical Association to be a permanent organization to aid in the entertainment of the Association.

Section 2. (Membership) Membership of the Auxiliary shall comprise all representatives who sell to the pharmacists and to the drug trade in general.

Section 3. (Dues) Each member of the Auxiliary shall pay seven dollars and fifty cents in annual dues to the Treasurer of the Auxiliary, or any designated amount.

Section 4. (Function) The Social Committee of the Maryland Pharmaceutical Association shall devise with the Travelers' Auxiliary in matters pertaining to the program of entertainment for the annual meeting of the Association.

Section 5. (Powers) The Travelers' Auxiliary and Social Committee of the Maryland Pharmaceutical Association shall have control of the entertainment features of the Maryland Pharmaceutical Association at its meetings.

ARTICLE XIV

LADIES AUXILIARY:

Section 1. (Authorization) The Maryland Pharmaceutical Association hereby authorizes the organization of the Ladies' Auxiliary of the Maryland Pharmaceutical Association to be a permanent organization to aid in the entertainment of the Association.

Section 2 (Membership) Membership of the Auxiliary shall comprise of wives of pharmacists, teachers and all representatives who sell to the pharmacists and to the drug trade in general.

Section 3. (Dues) Each member of the Ladies' Auxiliary shall pay two dollars in annual dues to the Treasurer of the Auxiliary, or any designated amount.

Section 4. (Function) The Social Committee of the Maryland Pharmaceutical Association shall devise with the Ladies' Auxiliary in matters pertaining to the program of entertainment for its annual meeting of the Association.

Section 5. (Powers) The Ladies' Auxiliary and the Social Committee of the Maryland Pharmaceutical Association shall have control of the entertainment features of the Maryland Pharmaceutical Association at its meetings.

ARTICLE XV

STUDENTS AUXILIARY:

Section 1. (Authorization) The Maryland Pharmaceutical Association hereby authorizes the organization of a Students' Auxiliary of the Maryland Pharmaceutical Association.

Section 2. (Membership) Under-graduate students who are members of the second, third, and fourth year classes, respectively, of the School of Pharmacy of the University of Maryland shall be eligible for active membership in the Students' Auxiliary.

Section 3. The Students' Auxiliary is hereby empowered to adopt a constitution and by-laws which constitution shall be approved by the Maryland Pharmaceutical Association before taking effect.

Section 4. The Students' Auxiliary is empowered to elect such officers and appoint such committees as provided for in the constitution and by-laws, including an Executive Committee. The President of the Maryland Pharmaceutical Association shall be a member ex-officio and without vote, of the Executive Committee of the Students' Auxiliary, and the President of the Students' Auxiliary shall be a member, ex-officio and without vote, of the Executive Committee of the Maryland Pharmaceutical Association.

Section 5. The Students' Auxiliary of the Maryland Pharmaceutical Association shall send three delegates to the annual convention of the Maryland Pharmaceutical Association, such delegates to be appointed in accordance with the by-laws.

Section 6. The members of the Students' Auxiliary of the Maryland Pharmaceutical Association shall be entitled to receive "The Maryland Pharmacist" for each month of the college year, upon the payment to the Publications Committee of the Maryland Pharmaceutical Association the sum of one dollar (\$1.00) per member.

ARTICLE XVI

AMENDMENT OF BY-LAWS:

These By-Laws may be amended by the affirmative vote of two-thirds of the members in attendance, at any regular meeting of the members or a special meeting called for that purpose; provided that notice to members, in writing, of the proposed changes be given at least fifteen days before the meeting.

ARTICLE XVII

ORDER OF BUSINESS:

The Order of Business at the annual meeting and special meetings where appropriate shall be as follows:

1. Call to order
2. Roll Call

3. Reading of Minutes of Previous Meeting
4. Reading of Communications
5. Reports of Officers and Committees
6. Unfinished Business
7. Election of Members
8. New Business including election of Officers and members at large of the Executive Committee.
9. Adjournment

ARTICLE XVIII

RULES OF ORDER:

Roberts Rules of Order shall prevail in the meetings of this Association.

**CONSTITUTION AND BY-LAWS
TRAVELERS' AUXILIARY
MARYLAND PHARMACEUTICAL ASSOCIATION
(T. A. M. P. A.)**

(Revised and Adopted April 2, 1960)

PREAMBLE

In accordance with the authority contained in Article XIII of the By-Laws of the Constitution of The Maryland Pharmaceutical Association, this organization shall be known as the Travelers' Auxiliary of the Maryland Pharmaceutical Association.

CONSTITUTION

ARTICLE I.

The object of this Association shall be to co-operate with the Maryland Pharmaceutical Association in promoting the general welfare of the drug trade and to be a permanent organization to aid in the entertainment of the parent Association.

ARTICLE II.

This Association shall meet regularly on the FIRST Saturday of each month, except July and August, unless otherwise ordered by a two-thirds vote of members present or by recommendations of the Governing Body.

The ANNUAL meeting shall be held during the time and the place of the Annual Convention of the Maryland Pharmaceutical Association.

ARTICLE III.

EXECUTIVE OFFICERS

The Governing Body of this Association shall be composed of Active Members only and shall consist of a PRESIDENT, FIRST VICE-PRESIDENT, SECOND VICE-PRESIDENT, THIRD VICE-PRESIDENT, SECRETARY, TREASURER, a Board of Directors consisting of nine members and the IMMEDIATE Past President who shall act as Chairman of the Board.

ARTICLE IV.

All officers of this Association shall be elected at the Annual Convention meeting. The PRESIDENT, FIRST VICE-PRESIDENT, SECOND VICE-PRESIDENT, THRD VICE-PRESIDENT, SECRETARY, TREASURER, shall

be elected for a term of one year. Three DIRECTORS shall be elected for a term of three years each.

In the event of any officer not being able to perform any duties pertaining to his office, each following officer will perform the duties of the next highest office until the next ANNUAL CONVENTION.

The candidates for President, First Vice-President, Second Vice-President, Third Vice-President, Secretary, Treasurer receiving a majority of votes cast shall be declared elected to their respective office.

The three candidates of Directors receiving the largest number of votes cast shall be elected as Directors.

ARTICLE V.

The PAST PRESIDENTS shall constitute a permanent group to be known as the ADVISORY COMMITTEE.

ARTICLE VI.

This Association shall consist of ACTIVE MEMBERS, ASSOCIATE MEMBERS and HONORARY MEMBERS.

ARTICLE VII.

Twenty-five members (ACTIVE) shall constitute a quorum for the transaction of business.

ARTICLE VIII.

Every proposition to alter or amend this constitution must be formally submitted in writing to the membership and the Secretary must notify each member in writing at least thirty days prior to action thereon.

A two-thirds vote of the ACTIVE MEMBERS present is necessary for adoption at the next regular business meeting.

ARTICLE IX.

The By-Laws may be suspended at any regular meeting of the Association by a unanimous vote of the members present. Amendments to the By-Laws may be proposed by public announcement at any regular meeting. They must be presented in writing at that meeting and voted on at the NEXT regular meeting and will be accepted or rejected by a two-thirds vote of the ACTIVE members present.

ARTICLE X.

HONORARY PRESIDENT

To be elected at Annual Meeting for a term of one year.

BY-LAWS

SECTION I.

Duties of Officers and Committees

PRESIDENT—It shall be the duties of the President to preside at all meetings of the Association and its Governing Body and to perform such other duties as ordinarily pertain to his office. He shall also call a meeting of the Chairmen of the various committees at least twice a year.

VICE-PRESIDENTS—In the absence of the President or his inability to act his duties shall devolve upon the Vice-Presidents in the order of their

rank. The Vice-Presidents shall each be assigned with the responsibility to supervise the activities of the Committees assigned to them by the President.

SECRETARY—It shall be the duties of the Secretary to keep a record of all transactions of the Association and make a complete report, in writing, at the first regular business meeting following the Annual Convention.

TREASURER—It shall be the duties of the Treasurer to keep a record of finances of the Association and to deposit all funds in the name of the Association in a bank acceptable to the Governing Body and to make a complete report, in writing, at the first regular business meeting following the Annual Convention. Checks to be signed by the Treasurer but in his absence may be signed by, either the President or Secretary, whose signatures are on file with Depository.

GOVERNING BODY—This Body shall be charged with the transaction of all business not covered specifically by these By-Laws and shall hold meetings at the discretion of the President to transact any necessary business and to hear the detailed report of the Secretary and the Treasurer as to finances and membership.

SECTION II.

All officers shall assume the duties of the offices to which they are elected at the first regular business meeting following their election. At this meeting, the President shall appoint the following PRINCIPAL and STANDING committees (except AUDITING, NOMINATING and CONVENTION committees which shall be appointed at a meeting prior to the ANNUAL meeting and any others deemed necessary.

ATTENDANCE
CUSTODIAN
EMORY G. HELM MEMORIAL FUND
LUNCHEON
THE MARYLAND PHARMACIST
MEMBERSHIP
PROGRAM
PUBLICITY
WELFARE

SECTION III.

Duties of Principal and Standing Committees

Chairman of each Committee shall call a MEETING of his Committee members at least twice a year and shall submit a report to the President.

ATTENDANCE—It shall be the duties of this Committee to keep a record of and to promote attendance at all meetings.

CUSTODIAN—It shall be the duties of this Committee to see that an American Flag, the T.A.M.P.A. Banner and any equipment of the Association is available and displayed at all meetings and be protected at all times.

EMORY G. HELM MEMORIAL FUND—This Committee's responsibility will be to perpetuate the Emory G. Helm Memorial Fund and create

the funds and administer them for Charitable purposes, in the memory of Emory G. Helm, who served this Association faithfully for a period of thirty years as Secretary-Treasurer.

LUNCHEON—This Committee shall arrange menus for all Meetings, shall sell tickets at the door and see that all present are being served.

THE MARYLAND PHARMACIST—It shall be the duties of this Committee to cooperate with the Editor of the Maryland Pharmacist in supplying information, news of interest, activities of the T.A.M.P.A. Such information to be in the hands of the M.P.A. Editor not later than Monday following the Saturday of the regular monthly Meeting.

MEMBERSHIP—This Committee shall thoroughly investigate the character and eligibility of all applicants.

PROGRAM—This Committee shall arrange all programs for all regular meetings.

PUBLICITY—It shall be the duties of this Committee to furnish news of our activities to the press or any other medium.

WELFARE—It shall be the duties of this Committee to call on the sick and the families of the deceased and make a report at each regular meeting and also render any assistance within the power of the Association.

Duties of Special Committees

ADVISARY—This Committee shall act at the request of the President.

AUDITING—This Committee shall consist of three Past Presidents whose duties it shall be to audit the books annually and submit a written report, at the Annual Meeting.

CONVENTION COMMITTEES—The Convention Committees shall be selected and function at the discretion of the President.

NOMINATING—This Committee shall consist of three immediate Past Presidents, whose duties it shall be to suggest a complete roster of officers to be elected at the ANNUAL Meeting. This roster to be presented when called for by the President. Additional nominations may be made from the floor.

SECTION VI.

Membership

Active membership in this Association shall be limited to men calling on or affiliated with the Drug Trade, who are acceptable to the Governing Body of the Association.

Application for membership shall be in writing on the prescribed form and endorsed by two ACTIVE members and accompanied by one year's dues.

All applications or names of prospective applicants shall be furnished to the Secretary, who shall submit the prospective member's name, firm represented, and length of time employed by said firm, to the Membership Committee. The Membership Committee will be responsible for verifying applicants eligibility and for further determining his qualifications. They shall

submit their report to the Secretary. If a favorable report is received, the Secretary shall announce the name or names in his written communication to the membership for action at the next regular business meeting.

Upon acceptance by two-thirds vote of ACTIVE members present the person or persons whose name was acted upon shall be notified by the Secretary, in writing, of his election, and his name will be inscribed on the rolls of the Association.

This Association shall have the power to expel a member by a vote of two-thirds ACTIVE members present at a regular business meeting, providing a trial is held for conduct against the best interests of the Association, but no person shall be expelled until he has been notified of the charges against him and given opportunity to present his defense.

Associate Members

An Associate Member of this Association shall be a member who by reason of change of occupation shall cease to qualify in the opinion of the Governing Body, as an Active Member but who desires to remain in the Association for its social contact. He will pay the regular dues but may not vote.

Honorary Members

The Governing Body may nominate for Honorary Membership. Members who in their opinion have rendered such services to the Association as to deserve this recognition. All such nominations to be subject to election by a two-thirds vote of the membership present at a regular or Annual Meeting. Such membership to carry no voting privilege and also to be exempt from the annual dues.

Dues

The annual dues of the members of this Association shall be seven dollars and fifty cents (\$7.50) and shall be payable in advance on January first, of each year, and shall be considered in arrears, if not paid by the time of the Annual Convention, and such members shall be automatically dropped from the rolls. New members joining the Association after September first, dues are paid for the following Year.

OFFICERS 1961**BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION**

Honorary President—CHARLES J. NEUN

President—SAM A. GOLDSTEIN

First Vice President—JEROME J. CERMAK

Second Vice President—AARON M. LIBOWITZ

Third Vice President—JOHN F. NEUTZE

Fourth Vice President—IRVING I. COHEN

Secretary—JOSEPH COHEN

Secretary Emeritus—MELVILLE STRASBURGER

Treasurer—CHARLES E. SPIGELMIRE

Treasurer Emeritus—FRANK L. BLACK

EXECUTIVE COMMITTEE

Chairman—GREGORY W. A. LEYKO

MARION R. CHODNICKI

JACOB L. RICHMAN

JOSEPH U. DORSCH

JEROME A. STIFFMAN

DONALD O. FEDDER

MYER STOLER

WILLIAM Y. KITCHIN

A. FRANK TURNER

FRANCIS S. BALASSONE, Ex-Officio

**CONSTITUTION AND BY-LAWS
OF
BALTIMORE METROPOLITAN PHARMACEUTICAL
ASSOCIATION**

AMENDED AND NAME CHANGED FROM BALTIMORE RETAIL
DRUGGISTS ASSOCIATION ON DECEMBER 5, 1957.

ARTICLE I**MEMBERSHIP**

SECTION 1. Membership in the Association shall be divided into four classes: ACTIVE MEMBERS, LIFE MEMBERS, HONORARY MEMBERS, and ASSOCIATE MEMBERS

(a) **ACTIVE MEMBERS:** All registered Pharmacists who are or were actively engaged in the practice of retail pharmacy in Metropolitan Baltimore as owners of retail drug stores, are eligible to become active members. Applications shall be made on the form prescribed by the Executive Committee and shall be approved by the vote of a majority of the Active Members present at regular annual meetings or in the interim, by a majority vote of the Executive Committee. None of the above qualifications shall change the status of any Active Member at this time.

(b) **LIFE MEMBERS:** Any Active Member who has paid dues for fifteen years, may pay the sum of \$100.00 to the Treasurer and shall be a Life Member and shall be presented with an appropriate certificate by the President. Life Members shall have all the rights and privileges of Active Members, including the right to vote, but are not required to pay the annual dues, thereafter.

(c) **HONORARY MEMBERS:** Professional men, physicians, pharmacists, chemists, scientists and other persons of merit, not actively engaged in the

practice of retail pharmacy, shall, upon the vote of 80% of the Executive Committee, be declared Honorary Members and shall be entitled to all the privileges of the other classes of members except the right to vote and to hold elective office. They shall not be required to pay annual dues.

(d) ASSOCIATE MEMBERS: Any Pharmacist or other person actively engaged in industries allied to the profession, who do not meet qualifications of Active Membership, may by paying such dues as determined by the Executive Committee be eligible to all rights and privileges of the Association, except to vote and hold office.

MEETINGS

SECTION 2. MEETINGS:

(a) ANNUAL MEETINGS: The annual meeting of the members for the election of officers and members of the Executive Committee of the Association and for the transaction of any other business that may be before the meeting shall be held in December of each year in the City of Baltimore at a time and place designated by the Executive Committee.

(b) SPECIAL MEETINGS: The Special Meetings of the members may be called by the President or a majority of the Executive Committee, upon five days written notice. Petitions requesting special meetings, signed by not less than twenty-five active members, addressed to the President, shall make it mandatory for such special meetings to be called.

SECTION 3. QUORUM: Twenty-five members who are entitled to vote shall constitute a quorum for the transaction of any business at any annual or special meeting.

ARTICLE II

EXECUTIVE COMMITTEE

SECTION 1. The property and affairs of the Association shall be managed by the Executive Committee consisting of fourteen members; the President, the four Vice-Presidents, the Chairman, (the immediate preceding President) and eight members at large. To the extent that the Corporation Laws of this State permit, the Executive Committee shall be the governing body of the Association and shall have, and be entitled to exercise, all the powers of the members. The Chairman and members at large of the Executive Committee shall be elected by ballot at the annual meeting of the Association, and shall hold office until their successors are elected and have qualified. In case of resignation, removal or death of any member of the Executive Committee, the vacancy shall be filled by the remaining members of the Executive Committee, and the new Committee member shall hold office until the election and qualification of his successor.

SECTION 2. The Executive Committee shall meet at such times and places as the Committee may determine. Special meetings of the Committee may be called at any time by the President or by a majority of the Committee.

SECTION 3. No member of the Executive Committee shall receive any compensation for his services as such.

SECTION 4. Six members of the Executive Committee shall constitute a quorum for the transaction of any business at any regular or special meeting of

the Executive Committee, except as provided for in Article I, Section 1, paragraph (c).

ARTICLE III

OFFICERS

Section 1. The officers of the Association shall consist of a President, four Vice-Presidents, a Secretary and a Treasurer. Such officers shall be elected by the Active and Life Members at the regular annual meeting, and shall hold office for one year or until their successors are elected and qualified.

Section 2. The Executive Committee may, from time to time, appoint such other officers and agents with such powers and duties as the Committee may deem advisable.

Section 3. Any vacancy in any office shall be filled by majority vote of the Executive Committee.

Section 4. Any officer, or employee, may be removed at any time with cause by the affirmative vote of a majority of the Executive Committee or by any superior officer upon whom such power of removal may have been conferred by the Executive Committee, and such action shall be conclusive upon the officer or employee so removed.

Section 5. The officers shall perform such duties as may, from time to time, be designated by the Executive Committee.

ARTICLE IV

OFFICIAL SEAL

The official seal of the Association shall be inscribed thereon the name of the Corporation and the words "Incorporated 1958 Maryland."

ARTICLE V

FINANCIAL ADMINISTRATION

Section. 1.

(a) All checks or orders for payment of money shall be signed by such officer or officers as may, from time to time, be designated by the Executive Committee provided such papers be signed by the Treasurer, with the approval of the President or such other officer designated by the President.

(b) All other contracts, obligations and documents of all kinds shall be executed by the President, whose signature shall be witnessed by the Secretary, after approval shall first have been given by the Executive Committee and shall include such signature or signatures of other officers as may be required and designated by the Executive Committee.

Section 2. The fiscal year of the Association shall be the calendar year.

Section 3. All Active Members, in order to maintain their status as Active Members, are required to pay dues in the amount of \$10.00 per year payable on January 1st of each year, in advance. Any Active Member who is in default in the payment of his annual dues for one year shall automatically cease to be an Active Member of the Association.

Section 4. The Secretary and Treasurer shall each receive a salary in such amount as the Executive Committee may determine, for his services.

Section 5. A full and true statement of the affairs of the Association shall be submitted at the annual meeting of the members, and filed within twenty days thereafter at the principal office of the Association.

ARTICLE VI

STANDING COMMITTEES

Section 1. The following standing committees shall be appointed annually by the President, and the President shall be a member ex-officio of all such committees:

1. Social Committee.
2. Pharmacy Committee
3. Building Committee
4. Publicity Committee
5. Membership Committee
6. Committee on Attendance and Arranging Meetings
7. Ethical Practices Committee
8. Committee on Professional and Public Relations
9. Civil Defense Committee
10. Legislative Committee
11. Prescription Survey Committee
12. Good and Welfare Committee
13. Auditing Committee

The Executive Committee may also appoint such other special Committees as it, from time to time, may deem necessary or advisable.

The number of members serving on standing and special committees and the duties and responsibilities of all committees shall be determined by the Executive Committee, and a report of all committees shall be submitted, in writing, at the annual meeting of members.

ARTICLE VII

AMENDMENTS

These By-Laws may be amended by the affirmative vote of two-thirds of the members in attendance, at any regular meeting of the members or a special meeting called for that purpose; provided that notice to members, in writing, of the proposed changes be given at least fifteen days before the meeting.

ARTICLE VIII

ORDER OF BUSINESS

The order of business at the annual meeting and special meetings, where appropriate, shall be as follows:

1. Call to order
2. Roll call
3. Reading of minutes of previous meeting
4. Reading of communications
5. Reports of officers and committees
6. Unfinished business
7. Election of members
8. New business, including election of officers and members at large of the Executive Committee; and
9. Adjournment.

REGISTERED PHARMACISTS IN MARYLAND

The following list of Registered Pharmacists is furnished by and with the authority of the Maryland Board of Pharmacy, and every care has been taken to make the list accurate in every detail. However, should any errors be noted, please notify the Secretary of the Maryland Board of Pharmacy, 301 West Preston Street, Baltimore, Maryland.

A

Aarons, Hillel R.
 Aaronson, Alfred I.
 Abarbanel, Judith
 Aberbanel, Morton
 Abelsky, Abraham
 Abelson, Abraham A.
 Abrahams, C. S.
 Abrahams, N. H.
 Abrams, Arthur M.
 Abrams, Marvin H.
 Abrams, Lawrence M.
 Abrams, Rosalie G.
 Abramson, Aaron
 Abramson, Alfred
 Abramson, Daniel J.
 Abramowitz, Manuel
 Abramowitz, Robt. N.
 Aceto, Mario D. G.
 Adams, James H.
 Adamson, Robert W.
 Adelson, Morton J.
 Adkins, Robert T.
 Albert, Ada Celeste
 Albert, Irvin J.
 Albrecht, Walter E.
 Albrecht, William F.
 Aldrich, Clayton B.
 Alessi, Alfred Henry
 Alessi, Edward J.
 Alexander, Horace L.
 Alexander, Latimer B.
 Alexander, Lydia B.
 Alexander, T. W.
 Alexander, Wm. A.
 Allaband, Edgar R.
 Allen, Anthony, III
 Allen, Benjamin F.
 Allen, E. B.
 Allen, Claris M.
 Alliker, Morris J.
 A'pern, Elwin H.
 Amarant, Emil
 Amoia, Henry
 Anders, W. Raymond
 Anderson, B. W.
 Anderson, Chas. D.
 Anderson, Chas. R.

Anderson, Don R.
 Anderson, J. Erroll
 Anderson, Solon Lee
 Andrews, Marvin J.
 Angster, Jerome
 Angorn, Richard A.
 Anoff, Bernard
 Ansell, Max S.
 Anshell, Marvin
 Anstine, Clarence L.
 Antal, Gyula
 Anthony, Arthur F.
 Anthony, John P.
 Apitz, Fred W.
 Appel, William J.
 Applestein, Frank
 Applestein, Harry A.
 Arapian, Ansel G.
 Arch, Edward K.
 Arcinbault, Paul J.
 Archer, Fletcher W.
 Archer, Theodore
 Armstrong, Chas. L.
 Aronson, Donald
 Arrington, H. S.
 Artigiani, Filiberto
 Artsis, Morris
 Asbill, J. Lewis
 Ashbury, Howard E.
 Ashby, James H.
 Askey, Wilbur G.
 Atlas, Harvey H.
 Atwell, Daniel S., Jr.
 August, Henry John
 Aursliff, Carl
 Austerlitz, John S.
 Austraw, Geraldine L.
 Austraw, H. H.
 Austraw, Richard F.
 Avedisian, Paramaz
 Avent, T. E.
 Avinger, Noel S.
 Avis, James L.
 Axelrod, Stuart
 Ayd, John Joseph
 Ayd, Joseph M.
 Aytes, Chester Ray

B

Baer, Philip C.
 Bachman, Fenton L.
 Bachrach, M. E.
 Baer, Adolph
 Bahr, Raymond D.
 Baier, John Cletus
 Baikstis, Anda A.
 Bailey, Grafton D. P.
 Bailey, Halcom S.
 Bailone, Wm. A., Jr.
 Bair, Schafer B.
 Bakas, James A.
 Baker, Daniel S.
 Baker, G. F.
 Baker, Harley E.
 Baker, Israel
 Baker, J. Elmer
 Baker, William
 Balassone, Francis S.
 Balcerak, Eugene P.
 Balcerzak, A. E.
 Baldwin, G. Mitchell
 Baldwin, James S.
 Balje, Richard A.
 Balliet, Woods D.
 Balmert, Clemens A.
 Balotin, Louis Leon
 Baltz, George E.
 Bambrick, Vincent C.
 Bank, Albert
 Bankard, Jesse C.
 Barbacoff, Alec
 Barcus, Glenn W.
 Barke, Daniel S.
 Barke, Sheldon Saul
 Barker, C. W.
 Barlow, Sara A. LeV.
 Barlow, Robert J.
 Barnes, Attison L., Jr.
 Barnes, Forrest P.
 Barnett, Edward J.
 Barnett, Ruth Ella
 Barnett, William M.
 Barnett, W. P.
 Barnstein, Fred S.
 Barnum, Charles W.
 Barone, James A.
 Baroti, Ethel
 Barrett, A. G.
 Barrett, Harvey W.

- Barrett, Henry H.
 Barrett, Sister Agatha
 Barrett, William H.
 Barrie, Louis C.
 Barron, Frank R.
 Barry, Wilbur Ford
 Barshack, Irwin S.
 Barshack, Jack
 Barsky, Samuel
 Bartlett, Fitz James
 Barton, Cynthia LaL.
 Bartoshesky, Louis H.
 Basik, Harvey E.
 Bass, Benjamin
 Bass, Harry
 Bassett, Irving A.
 Bastable, Edward J.
 Batallion, Abraham L.
 Batchison, Joseph C.
 Batdorf, John B.
 Batease, John Charles
 Batie, A. Lester
 Bauer, John C.
 Bayer, George
 Baylus, Meyer Milby
 Baylus, Joseph
 Beal, Agnes A. K.
 Beall, Clara
 Beall, R. B.
 Beall, W. W.
 Beam, John H.
 Beam, Merlin A.
 Beatty, Annie K.
 Beatty, Charles E.
 Beck, Herbert
 Beck, John G.
 Beck, Samuel D.
 Becker, John Wilbert
 Becker, Louis
 Becker, Stanley L.
 Beckley, J. Harry
 Bectem, C. H.
 Beer, Donald Richard
 Behrman, Bernard F.
 Beistle, Mathew J.
 Beitler, Ben
 Beitler, Leonard
 Belbot, Emma N.
 Belford, Joseph
 Belford, Stanley H.
 Bell, Abraham P.
 Bell, David W., Jr.
 Bell, Frank Kelly
 Bell, L. J.
 Bell, Raymond M.
 Beller, John R.
 Bellerman, L. A.
 Bellis, Walter S.
 Bellman, Frank A.
 Belt, James F.
 Bender, Maurice
 Benfer, Benjamin D.
 Benkovic, George J.
 Bennett, C. W., Jr.
 Bennett, Howard S.
 Bennett, Lester Leroy
 Bense, Robert John
 Benson, Charles M.
 Bentheme, James A.
 Benton, Luther B.
 Bentz, William A.
 Bercovici, Bernard S.
 Bercovitz, Leon J.
 Berger, Abraham A.
 Berger, Alan Burton
 Berger, Charles J., Jr.
 Berger, George W.
 Berger, Jerome Alvin
 Bergner, Samuel W.
 Bergstein, Robert S.
 Berkowich, Melvin I.
 Berman, Abraham S.
 Berman, Frederic T.
 Berman, Gilbert S.
 Berman, Maurice J.
 Berman, Mitchell
 Bernabo, Albert C.
 Bernardini, Jose R.
 Bernas, Albert Earl
 Bergnartt, Elmar B.
 Bernhardt, Henry
 Bernhardt, William
 Bernstein, Alvin S.
 Bernstein, Stanley
 Berkowitz, Samuel
 Berlanstein, Joseph
 Berlin, Alvin
 Berlin, Jerome
 Bernstein, Edwin E.
 Bernstein, Joseph C.
 Bernstein, Nathan
 Bernstein, Stanley
 Berry, M. B.
 Berry, Robert Alden
 Berry, Robert Earl
 Berry, Robert M., Jr.
 Berryman, C. H.
 Bettigole, Philip
 Betts, A. Parran
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 Beyer, Robert Ernest
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 Bickle, John C.
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 Billian, Bernard
 Bilodeau, John R.
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 Bierley, Roy Murray
 Binau, A. M.
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 Bishop, Davis N.
 Bitner, Glen R.
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 Black, Frank Linton
 Blaine, Edw. I., Jr.
 Blair, Ralph Diener
 Blake, Andrew B.
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 McGinn
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 Blatt, Thomas H.
 Blattstein, Flora
 Blechman, Charles
 Bleu, Barnett T.
 Blitz, Louis
 Block, Frank
 Block, Jerome
 Block, John Fred.
 Block, Samuel
 Bloom, Eli H.
 Blough, Myron Earl
 Blue, Barbara M.
 Blum, Abraham
 Blum, Joseph Sydney
 Blum, M. B.
 Blumberg, Eli T.
 Blumson, Samuel S.
 Bobbitt, Alex M.
 Boden, Edwin
 Boeder, Leo
 Boellner, Otto K., Jr.
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 Boessel, Martin E.
 Bogash, Philip
 Boggan, Robt. F.
 Boggs, Dorothy Jane
 Bogen, Ellis B.
 Boisfeuillet, Frank S.
 Bomstein, Solomon
 Bonanno, Placido A.
 Bondareff, Erwin A.
 Bookoff, Morris
 Boone, John W. H.
 Booth, Wm. H.
 Borcherd'ing, Wm. H.
 Borenstein, Jack B.
 Borgatti, Richard J.
 Borland, Hugh Kelly
 Bortnick, Morris H.
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 Bosch, Noel J.
 Bosserman, Charles
 Bourne, Benjamin P.
 Bower, Edwin L.
 Power, Martin R.
 Bowers, Wm. W.

Bowen, Curtis A.
 Bowie, Allen H.
 Bowles, Adam J.
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 Boyd, George W. F.
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 Braden, Wayne Ansel
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 Bradford, Melville L.
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 Bradley, Theron R.
 Bradstock, Alden, Jr.
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 Brager, Stuart H.
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 Brambaugh, Benj. B.
 Bramble, Henry S.
 Brannon, Wilson Lee
 Bransky, Jos. M.
 Brant, Robert E.
 Brashears, Charles L.
 Bratten, Blanche R.
 Bratten, E. H.
 Braude, Monique C.
 Brault, Paul Robert
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 Brazius, Joseph V.
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 Brenton, Walter
 Breslin, Frederick W.
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 Bretler, Herman B.
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 Briele, Henry A.
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 Brinkley, Guy O.
 Brinkmann, Fred E.
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 Bristow, Wm. Brooks

Britcher, Frank N.
 Broadbelt, J. Edw.
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 Brodie, Stanley Alan
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 Brooks, Florence G.
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 Brooks, Jean Louise
 Brooks, Louis
 Brooks, Robert A.
 Browdy, Emanuel
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 Brown, Thomas C.
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 Brunier, George F.
 Brunnett, William L.
 Brunson, Gerald N.
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 Bryan, Ralph H.
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 Buckman, Frank W.
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 Buppert, Hobart C.
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 Burgess, Ella N.
 Burka, Leon H.
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 Burke, John V.
 Burke, Lawrence A.
 Burkhardt, V. deP.
 Burkholder, Ralph E.
 Burnett, Benjamin E.
 Burns, Herbert J., Jr.
 Burns, Freida H.
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 Burrows, Roscoe T.
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 Burriss, Morris

Burton, Ed. Thomas
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 Butler, F. J.
 Butler, Henry Milton
 Butler, J. E.
 Butler, Maybelle L.
 Butler, Richard A.
 Butsch, John L.
 Butt, Frederick D.
 Buxton, G. F.
 Byers, M. L.

C

Cahn, Albert M.
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 Caldwell, John R.
 Caldwell, Lee A.
 Call, Tracey Gillette
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 Calmen, Elmon H.
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 Campbell, Thomas W.
 Campbell, Wm. D.
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 Carlson, Joe Mark
 Carofano, Edward
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 Careney, Wm. F.
 Carey, Alford R.
 Carey, L. B.
 Carleton, Henry L.
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 Carnevale, Joseph A.
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 Carson, James O.
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 Carter, Russell E.
 Carton, Frieda
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 Carver, Dorothy Kent
 Carver, Renzo S., Jr.
 Casey, John Joseph

- Casey, Patrick H.
 Cassidy, Elizabeth C.
 Catlett, Ollie Edwin
 Cauffman, Edwin C.
 Cavacos, Andrew T.
 Cavallaro, Joseph W.
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 Celler, Maximilian
 Celozzi, Matthew J.
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 Cermak, Jerome J.
 Chack, Eli S.
 Chack, Morton S.
 Chagnon, Charles E.
 Chalet, Melvin
 Chalfont, Eugene E.
 Chalk, James A., Sr.
 Chan, Pearl
 Chance, Albert A.
 Chandler, N. W.
 Chandler, W. Willard
 Chankin, Norman
 Chapman, C. B.
 Chatlin, Gerald M.
 Chatkin, Robert
 Chatkin, William C.
 Chavous, Clarence N.
 Checcone, Gene L.
 Cherepow, John A.
 Cherney, Louis
 Cherricks, Robt. V.
 Cherry, Bernard
 Chertkof, Freida
 Chertkoff, Marvin J.
 Cheslow, Nathan L.
 Chick, Stephen
 Chidester, Clay C.
 Chilcoat, George O.
 Chilton, Monroe Ira
 Chipley, Albert Lee
 Chipley, C. E.
 Chodnicki, Marion R.
 Chow, Jean
 Christopher, Joseph
 Chupnick, David
 Chyatte, Eli Isaac
 Cimino, Edward R.
 Citrenbaum, B. F.
 Citrenbaum, Lewis A.
 Citrenbaum, Morris
 Claire, S. S.
 Claney, William J.
 Clapp, Clarence
 Clark, Frank Black
 Clark, William A.
 Clarke, David C.
 Clarke, Sister Mary
 Carmel
 Clarke, Thomas, Jr.
 Clay, William H.
 Claybaugh, Springer
 Clayman, David S.
 Clayman, Jerome H.
 Clayton, Guy W.
 Clements, Francis J.
 Clements, John Wm.
 Clerget, Lyle L.
 Cline, Harvey E.
 Clinger, William T.
 Clyman, Sidney Gary
 Coakley, Andrew J.
 Cobots, Jeanette
 Cockey, Charles
 Codd, Francis I.
 Coffman, Chas. W.
 Cohan, Nath. Tolbert
 Cohen, Abraham N.
 Cohen, Allan Ira
 Cohen, Archie R.
 Cohen, Arthur S.
 Cohen, Benjamin
 Cohen, Bernard C.
 Cohen, Bernard I.
 Cohen, Bernard J.
 Cohen, Estelle G.
 Cohen, Gerald Ivan
 Cohen, Gilbert
 Cohen, Harry C.
 Cohen, Harry I.
 Cohen, Harry J.
 Cohen, Hershel
 Cohen, Irvin J.
 Cohen, Irving
 Cohen, Irving Isadore
 Cohen, Isador M.
 Cohen, Isidore
 Cohen, Jack Ronald
 Cohen, Jacob
 Cohen, Joseph
 Cohen, Joseph W.
 Cohen, Jules
 Cohen, Lawrence J.
 Cohen, Louis James
 Cohen, Maurice D.
 Cohen, Max Hurston
 Cohen, Morton B.
 Cohen, Philip
 Cohen, Ronald A.
 Cohen, Samuel
 Cohen, Samuel
 Cohen, Samuel C.
 Cohen, Samuel H.
 Cohen, Stanley
 Cohn, Alexander
 Cohn, Edward
 Cohn, Melvin
 Cohn, Nathan
 Colbert, Alberta C.
 Colborn, Geo. W., Jr.
 Colclough, John J.
 Cole, B. Olive
 Cole, S. Charles
 Coleman, Mary Ann
 Coleman, Sister
 Geraldine
 Coleberg, Carl L.
 Coleman, W. S. E.
 Collier, George R.
 Collier, Levin D.
 Collier, Levin D., Jr.
 Collins, C. W.
 Collins, Clarence E.
 Collins, Ernest W.
 Collins, Hugh Fenton
 Collins, Leo Joseph
 Colston, Richard J.
 Colucci, Nicholas Jos.
 Colvin, Ralph
 Combs, Joseph L., Jr.
 Comegys, N.
 Comer, Bernard V.
 Conklin, Nancy C.
 Connelly, Mary W.
 Conner, Ashley P.
 Connor, Edwin A.
 Connor, William J.
 *Conrad, Chas. T., Jr.
 Conrad, Marlene E.
 Conradi, L. E.
 Conroy, T. L.
 Conway, George W.
 Constantine, Chris G.
 Contarsy, Simon
 Cook, Frank E.
 Cook, Herbert Clark
 Cooley, William A.
 Coombs, William D.
 Cooper, Abraham S.
 Cooper, H. H., Jr.
 Cooper, Harold L.
 Cooper, Howard E.
 Cooper, James
 Cooper, June Craven
 Cooper, Morris L.
 Cooper, Samuel J.
 Copeland, Harry T.
 Cooper, Nathan N.
 Coplin, Louis I.
 Corbin, L. Carroll
 Corbin, Howard
 Corbin, James L.
 Corkle, Donald B.
 Corn, Charles
 Cornblatt, Edmond A.
 Cornell, Fred. B., Jr.

Corrick, Lester S.
 Cotlin, Joseph A.
 Cottel, Joyce Adair
 Cotter, Charles J.
 Cousins, Walter H.
 Covington, George W.
 Cox, George T., Jr.
 Cox, Percy P.
 Cragg, James P., Jr.
 Craig, B. H.
 Craig, Charles P.
 Craig, L. B.
 Cramer, Robert D.
 *Crandall, Chas. R.
 Crane, Frank T.
 Crane, Richard R.
 Creamer, John J.
 Creswell, Lee D.
 Crispens, Gordon M.
 Crispens, Warren E.
 Crocamo, Ralph J.
 Crofton, Wilbur E.
 Cronehardt, J. C.
 Cross, John Milton
 Crouse, James Earl
 Crovetto, Felix R.
 Crowell, Thomas A.
 Crunkleton, Chas. L.
 Crystal, Howard
 Cummings, Maurice
 Cunzeman, John
 LeR., Jr.

Currey, Tracey A.
 Currier, Calona Dail
 Curtis, Alfred Duane
 Custis, Daniel P.
 Custis, Harry J., Jr.
 Cwalina, Gustav E.
 Czaniewski, Eugene
 Czekaj, Leo M.

D

D'Adamo, Pasquale J.
 Dagold, Donald J.
 Daily, Louis J. E.
 Daily, Martin A.
 Daley, Wm. J., Jr.
 Dalgarn, Ira N.
 Dalinsky, Harry A.
 Dalton, John F.
 Damasiewicz, W. Jr.
 Damazo, Herbert S.
 Damico, Samuel
 Dammeyer, C. F. W.
 Dannettel, Frank E.
 Danoff, Abe

*Deceased

Danziger, David Gerd
 Darlington, R. G.
 Daubon, Ramon L.
 David, Alphonse S.
 David, Irvin
 Davidov, Arnold Lee
 Davidov, Benjamin
 Davidov, Hyman
 Davidov, Louis
 Davidov, Samuel
 Davidov, Vivian S.
 Davidson, Meyer
 Davidson, Saul David
 Davies, Burton T.
 Davies, Donald W.
 Davies, Joseph Wm.
 Davis, Adam, Jr.
 Davis, Alfred L.
 Davis, Edwin B.
 Davis, Eugene H.
 Davis, George A., Jr.
 Davis, J. Edward
 Davis, Lee H.
 Davis, Louis D.
 Davis, Paul E., Jr.
 Davis, Rebecca H.
 Davis, S. S.
 Davis, Samuel
 Davis, Sydney V.
 Davis, William B.
 Dawes, Thorpe T.
 Dawson, George R.
 Dawson, Harold M.
 Dawson, Leroy O.
 Dawson, Thomas C.
 Day, Harold Lewis
 Dayton, LeRoy E.
 D'Ambrosio, J. E.
 Dean, Cloyd Chas.
 Deans, John
 Debnam, George R.
 DeBoy, John Michael
 Debus, Albert
 Decker, Allan Irwin
 Dechter, Gerald Y.
 Deems, John T., Jr.
 DeGele, George Oscar
 Deitch, Erwin
 DeJulio, Luigi
 Delcher, C. Rodgers
 Delgado, Frank A.
 Del Vecchio, Frank
 Demarest, Dudley A.
 Dembeck, Bern., Jr.
 Dembeck, Walter D.
 Dembiec, Walter J.
 Dembo, Julius L.
 Deming, Martin E.

DeMino, Leonard J.
 Denhard, Frederick
 Denhard, Fred
 Denison, Macel M.
 Denny, Lucy J.
 Dent, F. J.
 DeReeves, A. Eugene
 Derickson, L. L., Jr.
 DeRoca, Salvatore J.
 Derr, Samuel
 Derry, Harold T.
 *DeSantis, Henry A.
 Deutschman, B. H.
 Devan, William
 Dewing, Arthur A.M.
 Dezenhall, Mervin B.
 Diamond, Frank
 Dickerson, Enoch W.
 Dickinson, E. Newton
 Dickinson, James M.
 Dickinson, Harvey J.
 Dickinson, James A.
 Dickinson, William B.
 Dickman, Arnold L.
 Dickman, Hyman
 Dickman, L. H.
 Dickson, I. C.
 Dickstein, Benjamin
 Diener, Nelson G.
 Diener, Samuel
 Dietel, Hermon, Jr.
 Dietrich, F. A.
 Diering, W. L.
 Dietrich, Jos. Wm.
 Dichter, Jack C.
 DiGiovine, John J.
 DiGristine, Mary R.
 Dinges, Frank C., Jr.
 Dittrich, Theodore T.
 Dittus, Richard H.
 Doane, Allan H.
 Dobropolski, A. J.
 Dobrowolskyj, Myron
 Dobson, H. Clay, Jr.
 Dodd, Wm. Anthony
 Dodson, C. M.
 Dodson, Garland C.
 Dolejs, Gerald T.
 Dolgin, Daniel
 Domskey, Bessie
 Donahoe, Walter
 J. A
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 Donato, Vincent F.
 Donnet, John
 Donohue, Frank J.
 Dorcas, Ramona S.
 Doren, Gerald S.

Dorfman, Joseph Sol
 Dorsch, Joseph U.
 Dorsey, Frank
 Dosch, Philip Paul
 Doty, Elmer C.
 Doty, Willard A.
 Dou, A. M.
 Dougherty, John
 H., Jr.
 Dougherty, Leon P.
 Douglas, J. Edward
 Douglass, Dolores Z.
 Dow, Harry
 Downes, C. E.
 Downs, Grant, Jr.
 Downes, Samuel B.
 Downey, Fred. W.
 Downs, B. E.
 Downs, C. D.
 Doyle, John P.
 Drabnis, A. J., Jr.
 Drapkin, Leon I.
 Drennen, James H.
 Driskill, R. Hayes
 Drukman, Herman B.
 Dudley, F. E., Jr.
 Dreizen, Sidney
 Dreyer, Frederick, Jr.
 Driscoll, Raymond F.
 Dubner, Hillel
 DuBois, Norman
 Duda, Walter J.
 Dudley, Helen S.
 Dudley, N. S.
 Dudley, S. C.
 Duffey, Roger Wm.
 Duffy, Arthur L.
 Duffy, William T.
 Dugan, Frederick P.
 Dugan, Walter C.
 Dukes, L. Reyner
 Dull, Joseph E.
 DuGoff, Albert M.
 Dunbar, Ruth
 Duncan, Chester A.
 Duneheew, Glenn Dale
 Dunkel, Lawrence
 Dunker, Melvin F.W.
 Dunn, Charles G.
 Dunning, H. A. B.
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 Durdin, Anna T.
 Durdin, B. T.
 Durdin, I. B.
 Durm, Noel Elton
 Dvorak, Geo. James
 Dyott, William H.

E

Eagle, Philip T.
 Eakle, Roy S.
 Earhart, J. H. F.
 Earle, Franklin W.
 Eason, Frederick B.
 Easton, James O., Jr.
 Eaton, Robert Arthur
 Eberhardt, L. G.
 Eckhardt, Henry
 Edelen, James Adrian
 Edell, Marvin L.
 Edelstein, J. Horace
 Edenfield, Charles H.
 Edlavitch, Sam
 Edmonds, Edmund H.
 Edmunds, Irland
 Edwards, James D.
 Edwards, Paul H.
 Edwards, Victor R.
 Edwards, William F.
 Edwards, W. K.
 Edwards, Stanley E.
 Efros, Ida
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 Ehudin, Herbert
 Eichberg, Daniel M.
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 Eisentrout, H. G., Jr.
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 Elliott, Donald B., Jr.
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 Endo, Kikuo R.
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 Englander, C. W.
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Enterline, Jo Anne S.
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 Epstein, Arnold
 Epstein, Irwin B.
 Ernst, Myrle P.
 Ervin, J. Dallas
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 Estwick, Bertram M.
 Esslinger, Edward C.
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 Etzler, S. Alvin
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 Evald, Gunnar N. G.
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 Evans, W. J.
 Evans, W. Roland
 Evans, M. J.
 Ewell, A. Webster
 Ewell, O. B. B.
 Exler, Samuel H.
 Eybs, Earl Francis
 Eyler, Maurice E.

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Fadgen, Michael J.
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 Fahrney, G. Fred
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 Federman, R. H.
 Fee, George Thomas
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 Fehler, Alfred
 Fehsenfeld, H. W.
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 Feinstein, Isadore
 Feit, Leon
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 Feldman, David
 Feldman, Edward
 Feldman, Herbert
 Feldman, Jack

- Feldman, Leon H.
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 Ferguson, Lebow W.
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 Pink, Ellwood
 Fink, Francis T.
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 Finney, Harriet Bell
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 Fishbein, William
 Fisher, Arthur
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 Flom, Sidney Herbert
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 Foerster, Fred
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 Forsyth, Allan R.
 Forsyth, James H. Jr.
 Forsythe, Dr. Hugh
 Foss, Noel Elmer
 Foster, Carroll P.
 Foster, Russel C.
 Fouch, Marshal S.
 Fountain, Bernard L.
 Fountain, Harold J.
 Foust, John C.
 Fowler, Esther Ellen
 Fowler, Ruth Marie
 Fowler, Thomas J.
 Fox, Abraham
 Fox, Chester David
 Fox, Marshall H.
 Fox, Samuel
 Fox, Samuel L.
 Fox, Will N.
 Foxman, Marvin Jay
 Fraase, Erwin E.
 Frailey, William A.
 Frame, Tom L.
 Frames, John H.
 Frampton, L. N.
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 Frank, Milton M.
 Frankle, Harold N.
 Franklin, Eugene H.
 Franklin, I. Y.
 Franks, Dolores
 Franzone, Francis
 Franzoni, F. R. Jr.
 Fraser, Stanley F.
 Frazer, Robert B.
 Frazier, L. G.
 Freed, Israel
 Freed, Mayer N.
 Freedom, Marvin
 Freedman, Leonard
 Freedom, A. G.
 Freedman, Albert
 Freedman, Hannah
 Freedman, Max
 Freeman, Emanuel G.
 Freeman, Joseph S.
 Freeman, Maysville J.
 Freeman, W. Perry
 Freeman, W. St. J.
 Freidson, Morris
 Freiman, Paul
 Freiman, Joseph
 Freitag, H. Homer
 French, Wm. Henry
 Frey, Lewis Leslie
 Fribush, Robert
 Fribush, Sidney
 Fried, Burton
 Friedlander, Paul M.
 Friedlander, S. A.
 Friedmann, Aaron J.
 Friedman, Albert
 Friedman, Albert J.
 Friedman, Arnold M.
 Friedman, Charles S.
 Friedman, Gilbert I.
 Friedman, Herbert
 Friedman, Howard
 Friedman, Irvin
 Friedman, H. M.
 Friedman, Jerome S.
 Friedman, Julian M.
 Friedman, Louis J.
 Friedman, Marvin A.
 Friedman, Melvin
 Friedman, Milton A.
 Friedman, Nathan
 Friedman, Nathan J.
 Friedman, Samuel L.
 Friedman, Saul B.
 Friedman, Sheldon
 Frierson, Ethan O.
 Frieman, Jack
 Friesen, Irvin A.
 Frishberg, Kenneth
 Frishman, Samuel E.
 Frohman, Isaac
 Frontera, Victoria R.
 Frye, Wordley D.
 Fuld, Manes E.
 Full, David E., Sr.
 Fuller, Albert Irwin
 Fulmer, Verne R.
 Fulton, David H.
 Furbee, Arza
 Futeral, Nathaniel
 Futrovsky, Charles

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Gaber, Jerome
 Gaboff, Benjamin
 Gadol, Ellis
 Gaetz, Edward F.
 Gagne, Joseph
 Gagnon, Henry J., Jr.
 Gagnon, Lester R.
 Gaine, Jerome
 Gakenheimer,
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 Gakenheimer, H. E.
 Gakenheimer, W. C.
 Gallagher, Chas. T.
 Galloway, Louis E.
 Galley, Roland P.
 Galperin, Irving O.
 Galt, Jennie E.
 Gann, Jack
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 Garache, Joseph J.
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 Gardner, C. W.
 Gardner, Michael F.
 Gardner, Robert H.
 Garfinkel, Meyer
 Garner, Elliott Quinn
 Garner, Sister Mary
 Florence
 Garrison, Frederic
 Garrott, E. Mortimer
 Gaskin, Patricia H.
 Gass, Chas. B.
 Gates, Earl A.
 Gaver, Herman S.
 Gaver, Paul G.
 Gaver, Paul G., Jr.
 Gawthrop, Alfred J.
 Gavilinski, John E.
 Gazda, John Joseph
 Gearhart, James H.
 Geber, Isidor J.
 Geesey, Alton Luther
 Gehring, Otto
 Geiger, Edward B.
 Geiger, George B.
 Geist, Gene N.
 Gelb, Edward
 Gelblum, Samuel
 Gellman, Murry
 Gellman, Paul
 Gelman, Martin S.
 Gelrud, Jack
 Gendason, Harry B.
 Geoghegan, J. R., Jr.
 George, Theodore
 Geraghty, James T.

Gerber, David
 Gergel, Stella F.
 Gerlach, Alexander
 German, J. W.
 Gerstein, Charles
 Geser, Alvin N.
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 Getka, Milton S.
 Gettleman, Harry
 Giampietro, Vincent
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 Gibbs, Hiram H.
 Gibbs, Jocelyn L.
 Giffen, Robert C.
 Gilbert, Theodore
 Gilbertson, K. G.
 Gildea, William J.
 Giles, Emily Julia
 Gilkeson, J. G.
 Giller, Morris
 Gillespir, Julian M.
 Gilliece, Owen J.
 Ginaitis, A. S.
 Ginsberg, Samuel H.
 Ginsberg, Benjamin
 Ginsburg, B. H.
 Ginsburg, Harry
 Gissel, Elmer Andrew
 Gitomer, Betty
 Gitomer, David J.
 Gitomer, Louis
 Gittleson, Ralph L.
 Gladstone, Charles F.
 Glaeser, Henry J., Jr.
 Glantz, Frank A.
 Glascock, Arthur B.
 Glaser, Abraham E.
 Glaser, Louis Lester
 Glashofer, Sidney
 Glass, Abraham L.
 Glass, Julius Albert
 Glass, Larry Paul
 Glass, Louis J.
 Glassband, Herman
 Glassner, Frank
 Gleiman, Irvin J.
 Gleiman, Theodore
 Glenn, William A.
 Glenn, Matthew
 Glennan, Harry E.
 Glick, Harry
 Glick Henry Joseph
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 Glissmeyer, M. H.
 Glover, Douglas
 Glover, Douglas D.
 Gluck, Julius
 Gluckstern, W. H.

Glushakow, Jacob
 Goashgarian, Karekin
 Goden, Stanley
 Godfrey, John
 Goldberg, Irving
 Goldberg, Jack
 Goldberg, Leonard
 Goldberg, Marvin B.
 Goldberg, Marvin H.
 Goldberg, Alvin
 Goldberg, Milton
 Goldberg, Harry Joel
 Goldberg, Stanley L.
 Goldberg, Victor
 Golden, Leon E.
 Goldfeder, Harold M.
 Golditch, Henry M.
 Goldin, Harold H.
 Goldstein, Edward
 Goldman, Abram
 Goldman, Benjamin
 Goldman, Harold K.
 Goldman, Louis C.
 Goldman, Sue C.
 Goldner, Ronald
 Goldsmith, A. R.
 Goldsmith, Chester
 L.
 Goldsmith, Fred E.
 Goldsmith, Meyer
 Goldstein, Albert
 Goldstein, Burton J.
 Goldstein, Eileen F.
 Goldstein, Edward
 Goldstein, Harold S.
 Goldstein, Hyman
 Goldstein, Isadore A.
 Goldstein, Jack
 Goldstein, Leon E.
 Goldstein, Martin B.
 Goldstein, Morris G.
 Goldstein, Paul L.
 Goldstein, Sam Alvin
 Goldstein, Samuel W.
 Goldstone, Herbert N.
 Golob, Stanley Paul
 Gomez, Joseph R.
 Goodman, Daniel
 Goodman, Howard
 Goodman, Irvin
 Goodman, Jerome E.
 Goodman, Julius H.
 Goodman, Leon
 Goodman, Sylvan C.
 Goodwill, Frank
 Goran, Isadore
 Gorban, Thomas
 Gordon, Charles
 Gordon, Joseph

- Gordon, Jack B.
 Gordon, Marvin
 Gordon, Samuel
 Goren, Arthur E.
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 Gould, William M.
 Gower, Earl F., Jr.
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 Graham, John A.
 Graham, Joseph F.
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 Grant, Russell
 Gratson, John, Jr.
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 Graves, C. R., Jr.
 Gray, James Herbert
 Gray, William B.
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 Grebow, Martin D.
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 Greco, Salvatore J.
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 Green, Norman
 Greenawalt, Wm. G.
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 Greenberg, Bertram
 Greenberg, Harry
 Greenberg, Harry L.
 Greenberg, Harvey
 Greenberg, Joseph
 Greenberg, Leon
 Greenberg, M. G.
 Greenberg, Morton
 Greenberg, Paul R.
 Greenberg, R. E.
 Greenberg, S. W.
 Greenblatt, Max
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 Greenfield, Charles
 Greenlee, G. B., Jr.
 Greenspan, Louis
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 Griesmer, Lloyd P.
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 Grogan, Francis A.
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 Grossman, Issac Wm.
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 3rd
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 Hudon, Joseph C. A.
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 Hughes, Henry W.
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 Katz, Ely Sydney
 Katz, Gabriel Elliott
 Katz, Herbert A.
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 Katz, Morton
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 Kaufman, Jordan W.
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 Kavanaugh, M. J.
 Kay, Jack
 Kaye, Harry
 Kaye, Myles C.
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 Keagle, LeRoy Curtis
 Kearfott, Clarence P.
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 Keenan, J. T. J.
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 Keiter, Richard D.
 Kellam, R. A.
 Keller, Arvilla M.
 Keller, C. V. deP., Jr.
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 Kellough, Chas. Irvin
 Kellough, E. R., Jr.
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 Kelly, Charles W.
 Kelly, George Benner
 Kelly, George L. M.
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 Kelly, Thomas J.
 Kelly, M. P.
 Kemble, Wm. Wayne
 Kemp, Blanche L.
 Keniston, A. H., Jr.
 Kenley, W. E.
 Kennard, James B.
 Kenner, Edwin A.
 Kenney, Fern E., Jr.
 Kenyon, George
 Kern, Joseph
 Kerpelman, H. S.
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 Kerpelman, Isaac E.
 Kerr, Thomas H.
 Kerr, C. Raymond
 Kershaw, Harry
 Kesmodel, Chas. R.
 Kessler, Marvin M.
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 Kexel, LeRoy E.
 Keyser, W. C. H., Jr.
 Kiefer, John W.
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 Killpack, Don S.
 Kilner, E. A.
 Kimzey, Kritz J.
 King, Donald Charles
 King, Gerald
 King, S. C., Jr.
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 King, William H.
 King, W. P. M.
 Kinkead, Chas. Wm.
 Kinnamon, Harry A.
 Kinsey, Raymond D.
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 Kirson, A. Robert
 Kirson, Jerome
 Kirson, Walter
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 Kistner, Carl
 Kitchin, W. Yager
 Kitt, Melvin G.
 Klatsky, Stanley A.
 Klavens, Elmer
 Klavens, Sidney R.
 Kleczynski, T. C.
 Klein, Benjamin F.
 Klein, Howard
 Klein, Solomon
 Kleinbart, David J.
 Kleinmann, Kurt
 Klepfish, Milton A.
 Klimen, Samuel E.
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 Kline, Sidney
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 Klingaman, Claude R.
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 Klotzman, Alfred
 Klotzman, Robert H.
 Knecht, Frederick
 Knepper, Francis C.
 Knorr, E. A.
 Knowles, F. E.
 Kobin, Benjamin
 Koch, Ervin M.
 Kochert, Ernest P.
 Koehlert, W. H.
 Kogelschatz, J. W.
 Kohlhepp, G. A., Jr.
 Kokoski, Chas. J.
 Kokoski, Robert J.
 Kolb, George
 Kolker, Frank Milton
 Koldewey, T. W.
 Koller, Elmer C., Jr.
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 Koons, George S.
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 Koplin, Arthur
 Korb, Katherine
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 Kousen, Morton
 Koustenis, Gust G.
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 Koutras, Louis Anest
 Kouzel, Howard
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 Krall, Joseph
 Kram, W. P.
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 Kramer, Bernard
 Kramer, Edith A.
 Kramer, Jack Louis
 Kramer, Leonard H.
 Kramer, Morris
 Kramer, Morton D.
 Kramer, Samuel E.
 Kramer, Stanley H.
 Kramer, Max T.
 Krantz, John C.
 Kratz, Frank P., III
 Kratz, Walter E.
 Kraus, Louis H., Jr.
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 Kreamer, Frederick L.
 Kreis, Edna E.
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 Kriger, Benj. Arthur
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 Kronthal, Jacob L.
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 Kroopnick, G. D.
 Kroopnick, Jennie
 Kubiak, Dolores Z.
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 Krusniewski, B. A.
 Kuhn, Mark Joseph
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Kumkumian, Chas. S.
Kupfer, Alexander
Kurland, Louis J.
Kursvietis, A. J.
Kushner, Meyer G.
Kwash, Herbert

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Lachman, Bernard B.
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LaFrance, F. A.
Laken, Benjamin B.
Lamb, Lewis Joseph
Lambdin, E. C., Jr.
Lambert, Paul W.
Lambrecht, F. A.
Lambros, D. S.
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Landau, Morris
Landon, J. A.
Lane, Edward M.
Laney, Charles O.
Lang, Louis William
Lang, Nicholas I.
Lang, W. F. C.
Lange, Walter
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Langdon, Frank P.
Langston, Jeffie G.
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Lassahn, Norbert G.
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Lavin, Bernard
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Lawlor, Henry Wm.
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Lazarick, Lillian G.
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LeBlanc, Theodore
Leboff, Solomon
Lebowitz, Harry
Lebson, David
Lebson, Hyman
Ledbetter, E. DeB.
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Lee, Claud D.
Lee, George Ernest
Lee, Warren Walter
Leeds, Harry F.
Leef, James Alnutt
Leffler, W. H.
Leftin, David
LeGates, Ethel
Lehnert, Ernest C.
Lehr, Clarence G.
Lehr, Robert H.
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Leibowitz, Louis
Leiderman, S. E.
Leise, David
Leites, Blanche
Lemke, George
Lemler, Abraham A.
Lemler, Stephen M.
Lemmert, James E.
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Lenz, William
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Levin, Daniel M.
Levin, David
Levin, Evelyn Shirley
Levin, Harold Joseph
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Levin, Haskell
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Levin, Israel
Levin, Jacob Benny
Levin, Joseph L.
Levin, Julian Edwin
Levin, Leon Phillip
Levin, Max
Levin, Morton
Levin, Nathan
Levin, Norman
Levin, Norman Jack
Levin, Norman Lee
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Levin, Richard L.
Levin, Sam Barry
Levin, Stanley W.
Levin, Theodore
Levine, Jay E.
Levine, Jerome M.
Levine, Lester
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Levine, Morris
Levine, Phillip Julian
Levins, Arnold I.
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Levinson, Paul
Levy, Abraham M.
Levy, Bernard
Levy, David A.
Levy, Donald
Levy, Frank F.
Levy, Irving
Levy, Joseph
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Levy, Melvin
Levy, Walter von S.
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Lewis, F. Harold
Lewis, Harry C.
Lewis, T. B., Jr.
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Lichtman, Albert
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 Macek, Walter P.
 Maciulla, James

Louis

Maciulla, S. V.
 Mackey, James G.
 Mackowiak, S. C.
 Macks, Ben Harold
 Macks, Harry Elliott
 Maczis, William J.
 Magaziner, Frederick
 Magid, Louis
 Maggio, A. J., Jr.
 Magiros, John Geo.
 Mahoney, Robert W.
 Main, Clinton E.
 Maisel, Joseph B.
 Maisenhalder, E. C.
 Malanowski, A. R.
 Malanowski, B. C.
 Malick, Richard W.
 Mallonee, J. J., Jr.
 Malone, Wm. W.
 Manchey, L. Lavan
 Mandel, Howard E.
 Mandelblatt, Allen E.
 Mandrow, Mary

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Manheimer, R. B.
 Manian, Albert A.
 Mankin, G. T.
 Mann, Ruffin N.
 Mancuso, Walter E.
 Manning, Marion C.
 Mantley, Frank B.
 Marciniak, Edw. S.
 Marcus, Max
 Marek, Anton

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Margolis, Isidore
 Marinelli, Carroll P.
 Markin, Edward A.
 Markin, Samuel
 Markley, Edward B.
 Marks, Sidney I.
 Marley, Benj. C., Jr.
 Marlowe, Edward
 Marmor, Joseph P.
 Marsh, Jack C.

Marshall, Barbara I.
 Marshall, Charles M.
 Marshall, Eugene W.
 Marshall, S. Fred
 Marshall, Sylvester

K.

Martello, Herbert A.
 Marten, George L.
 Martin, Alfred Leroy
 Martin, Frank G.
 Martin, Harry C.
 Martin, Lester Ross
 Martin, Richard E.
 Martin, Robert J.
 Martinez, Nellie E. S.
 Mary, Nolasco
 Maser, Louis
 Massell, Aaron A.
 Maseth, Earle

George

Maseth, William E.
 Mashkes, Morris
 Mask, Jerome
 Mason, John T.
 Mason, John Wm.
 Massing, David
 Massing, E. Wolfe
 Matchett, Jeremy A.
 Matelis, Olga P.
 Mathers, Audrey J.
 Mathews, H. Spencer
 Mathews, Emory H.
 Matta, Joseph Edw.
 Matthews, Vincent S.
 Mattingly, Daniel J.
 Mattocks, A. McL. Jr.
 Mattox, William M.
 May, Howard J.
 Mayberry, Edgar B.
 Mayer, J. L.
 Mayer, Alexander M.
 Mayer, Maurice V.
 Mazer, Harold H.
 McAllister, Benjamin
 McAllister, Benj., Jr.
 McDougall, Bernard

C.

McAvoy, Michael J.
 McCagh, Edward T.
 McCagh, F. L., Jr.
 McCall, George B.
 McCambridge, Joseph
 McCann, Thos. J. Jr.
 McCann, Walter I.
 McCarthy, Daniel F.
 McCarthy, John L.
 *McCartney, Frank L.
 McCauley, Wm. F.

- McClarren, R. M.
 McClerry, Claud R.
 McClincy, Stanley
 McCohn, Sister
 McComas, J. R., Jr.
 McConnell, Dufferin
 McCormick, Chas. E.
 McCormick, G. C.
 McCoy, J. K., Jr.
 McDonald, C. L.
 McDonald, Thos. L.
 McDougall, Bernard
 McDonnell, Patrick J.
 McDuffie, George E.
 McElwee, Ross S.
 McGarry, Charles E.
 McGinity, F. Rowland
 McGraw, E. J.
 McGuire, Thomas H.
 McIndoe, John G.
 McKellip, John
 McKenny, Harry J.
 McKenzie, H. C.
 McKew, Thomas H.
 McKinley, James
 D., Jr.
 McKirgan, John L.
 McKirney, Wm. M.
 McKnight, Vernon H.
 McLarty, David C.
 McLarty, Geo. C., Jr.
 McLaughlin, J. McD.
 McLean, I. William
 McMahon, Michael J.
 McManus, Daniel A.
 McMichael, James E.
 McNally, Hugh B.
 McNamara, B. P.
 McNeill, Melba Lois
 McShann, Mansell H.
 McTeague, Charles J.
 McWilliams, Lester
 Meadows, Clement J.
 Meadows, George W.
 Meagher, Harry R.
 Mears, Chase K.
 Mears, Frank D.
 Mears, Lee K.
 Meeth, John T.
 Megaw, Herschel
 Meiser, Edward T.
 Meiss, William S.
 *Meikle, J. D.
 Mellor, Benjamin, Jr.
 Mendelsohn, Daniel
 Mendelsohn, Max L.
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 E.
 Mendelson, Herman
 Menke, M. A.
 Mentis, Anthony P.
 Mentzer, John R., Jr.
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 Meresicky, Ralph J.
 Mercier, M. W., Jr.
 Merdinyan, E. F.
 Merkel, Henry
 Mermelstein, D. H.
 Merritt, J. Webster
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 Merryman, Geo. W.
 Mersky, Milton
 Mersky, Morris S.
 Merwitz, Stanley J.
 Meserve, John Chas.
 Mess Sister
 Mary Adamar
 Messersmith, E. J.
 Messina, Julius A.
 Metheny, Carl Melvin
 Metz, Hermann F.
 Metz, Richard A., III
 Mewhirter, Harry D.
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 Meyer, William J.
 Meyers, Albert Temin
 Meyers, Irwin E.
 Meyers, Jacob
 Sholom
 Meyers, Louis Lear
 Meyers, Macy Herbert
 Michael, Lucus A.
 Michael, Marvin E.
 Michaels, Albert
 Michel, John Vernon
 Michell, Herman
 Miden Julian I.
 Mikules, Alex. H.
 Milgram, Samuel
 Millard, Ruth
 Millenson, Irving
 Miller, Abraham
 Miller, Alvin B.
 Miller, Charles W.
 Miller, David
 Miller, Edward
 Miller, George A.
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 Miller, Israel M.
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 Miller, Jack Wessel
 Miller, John Elwin
 Miller, Lawrence L.
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 Miller, Manuel
 Miller, Milton
 Miller, Myron
 Miller, Nathaniel A.
 Miller, Olga Jonkus
 Miller, Reuben
 Miller, Richard A.
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 Miller, William F.
 Milio, Frank R.
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 Minaker, Irwin
 Mindell, Charles
 Minder, Frederick
 Miner, Richard Leo
 Minster, Howard M.
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 Mitchell, Joseph P.
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 Mirvis, Julius
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 Mobley, Walter B.
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 Moler, Robert K.
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 Monahan, A. M. S.
 Mondell, Harold D.
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 Mooney, Iole R. M.
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 Moore, G. Richard
 Moore, John L.
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 Moorehead, F. E.
 Moose, Gurley Davis
 Moose, Walter Lee
 Morales, Angel R.
 Morgan, Alfred K.
 Morgan, Joseph H.
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 Morgenroth, V. H., Jr.
 Morgenstern, Emma
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 Morris, I. J. V.
 Morris, Irving M.
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 Morris, Martin H.
 Morrison, Clarence H.
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 Morstein, R. M.
 Morton, John Earl

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 Moscariello, Frank M.
 Moscati, Adrian P.
 Moscati, Marius A.
 Mosely, Omar, H., Jr.
 Moses, Benjamin B.
 Moser, John, Jr.
 Moskey, Thomas A.

Moss, Arnold
 Moss, John H.
 Mossell, Aaron A.
 Moshenberg, William
 Mossop, Carrie G.
 Mouat, Gordon A.
 Moxley, R. B.
 Moyer, Walter
 Moyers, C. W.
 Moylan, Robert L.
 Mrazek, Leo L.
 Muchnick, David S.
 Muehlhause, Ruth V.
 Mueller, Edward L.
 Muench, Genevieve J.
 Muldoon, Ralph V.
 Mules, Nathan C.
 Mulhall, Francis J., Jr.

Mullen, Charles L.
 Munzert, Harry J. F.
 Munzert, L. A. G.
 Mupsik, Herman M.
 Murdock, Loyall Edw.
 Murphy, Edwin C.
 Murphy, Jerome E.
 Murphy, John M.
 Murphy, Marie M.
 Murphy, J. Robert
 Murray, Lindley R.
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 Muse, Alexander E.
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 Musher, Arthur A.
 Muskatt, Edith
 Mutch, Richard John
 Mutchnik, Melvin
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 Myers, Bernard
 Myers, Beverly S.
 Myers, Charles
 Myers, Ellis B.
 Myers, Irvin L.
 Myers, Lyndon B.
 Myers, Morton
 Myers, Richard Earl
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Naiditch, Morton E.
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 Narunsky, Reuben
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 Nave, Jackson M.
 Neary, Thos. F., Jr.
 Neely, Herron
 Neighoff, Wilson E.
 Neis, Arnold Howard
 Nelson, Augustus W.
 Nelson, Kenneth H.
 Nelson, Robert B.
 Nelson, William G.
 Nemerow, Martin W.
 Nemeth-Barath,
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 Neubauer, Clarence G.
 Neuburger, Arnold J.
 Neumann, Jos. James
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 Neumeyer, John L.
 Neutze, John F.
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 Newhouse, Stanley R.
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 Newman, Leon M.
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 Nierman, Robert F.
 Nicolas, Peter Alex
 Niss, Israel
 Nitsch, Charles A.
 Niznik, Paul Vincent
 Niznik, Theodore T.
 Nobel, Louis N.
 Noel, Harriett Ruth
 Noelle, Charles
 Noland, Charles E.
 Noll, Frank Morgal
 Noll, Violet B.
 Nollau, Elmer W.
 Nordman, H.
 Norman, Herman
 Norris, Earl M.
 Norris, Paul Edmund
 Norris, Walter B.
 Northover, Edw. R.
 Norton, Anna Cover
 Norton, Gerald Lewis
 Nosal, Pauline Ann
 Nothstine, Ken. T.
 Noveck, Irvin
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 Novey, Sam
 Novick, Bernard
 Nowick, Sidney G.

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Mary B.

Nusinow, Samuel
 Nussbaum, Edw. D.

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O'Brien, John W.
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 Oed, Marvin LeR.
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 Oken, Jack
 Oken, Louis E.
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 Oleszczuk, Melvin J.
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 O'Neil, Jennie A.
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 Onnen, Adolph C.
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 Orellana, Anna May
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 Osheroff, Seymour D.
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 Osburn, Darris M.
 Oshinsky, Sol
 Oster, Herbert G.
 Oster, Walter F.
 Ostrow, Milton
 Otto, Frederick A.
 Ouellette, Philip A.
 Overholt, W. F.
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 Owens, R. Hamilton
 Oxman, Meyer

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- Pagan-Colon,
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 Palchak, R. J. F.
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 Palmer, Mathias
 Palmer, Thomas R.
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 Pang, Charles E-H.
 Pannill, William E.
 Pape, Harry S.
 Parelhoff, Maurice I.
 Papiermeister, Joseph
 Parisky, Bernard H.
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 Parker, Jas. A. I.
 Parker, John G.
 Parker, Katherine J.
 Parker, Laura
 Parker, Muriel E. N.
 Parker, Richard Dale
 Parks, Isadore J.
 Parlade, J. A.
 Parlett, George D.
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 Parramore, W. VanV.
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 Pasco, Louis Edward
 Pass, Isidore
 Pass, Stacy
 Pass, Victor Earl
 Passaro, Edward J.
 Pasterfield, Philip M.
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 Pate, William A.
 Patlen, Irving
 Patrick, Thomas Ed.
 Pats, Albert
 Pats, Sidney
 Patterson, Walter J.
 Paul, Daniel A.
 Paul, Frank Ronald
 Paul, Harry Jacob
 Paul, Howard
 Paulson, Aaron Ariel
 Paulson, David
 Paxson, George W.
 Paxson, Robert L.
 Paxton, Poague R.
 Payne, Harry
 Payne, Thomas M.
 Pazdera, Frank J.
 Pearlman, Albert
 Pearlman, David
 Pearlman, William L.
 Pearlstein, Philip
 Pearrell, Ernest H.
 Pearson, Sarah B.
 Pearson, Silas H.
 Pecarsky, Seymour
 Pelovitz, Nathan G.
 Pemsel, E. Robert
 Penn, Thomas M. G.
 Pentz, R. L.
 Perel, Max
 Pertnoy, Edwin
 Peskin, David
 Pessagno, Wilbur J.
 Peterka, Albert A.
 Peters, Albertus B.
 Peters, Charles R.
 Petralia, Anthony J.
 Petticord, Webster B.
 Pettit, Bernard A.
 Petty, Huie Wilbert
 Petzold, Robert T.
 Pfaff, Virginia W.
 Pfeifer, Charles M.
 Pfeifer, Charles, Jr.
 Pfeifer, Edward
 Phelps, R. Gorman
 Phillips, Emerson C.
 Picha, Frank
 Pichney, Irving J.
 Pickett, Benjamin F.
 Pickett, John W., Jr.
 Pierce, J. W.
 Pierce, Linda Stucky
 Pierce, Robert R.
 Pierson, Clarence H.
 Pietri, Margarita O.
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 Pilquist, Richard M.
 Pilson, Robert A.
 Pilson, Robert W.
 Pinerman, Jerome
 Pinsky, Herman H.
 Pippig, Howard A., Jr.
 Piquett, Maude B.
 Piraino, Vincent J.
 Pivec, John James
 Pivo, Robert
 Plank, Donald J.
 Plank, John McNeil
 Plassnig, Edwin
 Platt, Marvin S.
 Platt, William
 Pledger, Dolores M.
 Plempel, Alfred C., Jr.
 Plotkin, Herbert
 Plotkin, Richard D.
 Plotner, William C.
 Plumley, R. Walter
 Plovsky, Nathan L.
 Podoksik, Hyman B.
 Poffenberger, H. L.
 Poggi, Gabriel J. L.
 Poisal, J. W.
 Poklis, Alphonse
 Polin, Ralph R.
 Polk, Hamilton R.
 Pollekoff, Jacob
 Pollekoff, Sheldon E.
 Polekoff, Morris
 Pollack, Howard
 Pollock, William
 Pollack, Melvin M.
 Pollack, Morton L.
 Polonsky, Murray
 Poltilove, Geo. J.
 Poltilove, Harvey G.
 Pomerantz, L. H.
 Popluder, Nathan
 Poppleton, Miller J.
 Poremsky, Joseph
 Portney, Samuel
 Porterfield, R. S.
 Portoghese, P. S.
 Posin, Benjamin W.
 Potash, Oscar
 Potler, David
 Potocki, Peter Paul
 Potts, Gifford L.
 Potts, H. L.
 Potts, James Meyer
 Powell, F. Lee
 Powell, Monte L.
 Powers, Julian T.
 Pozanek, Larry H.
 Poznysz, Edward L.
 Prag, Jules Bengé
 Pratt, Charles A.
 Prendergast, Thos. R.
 Prenskey, Bernard M.
 Pressman, I. M.
 Preston, Bern. J., Jr.
 Price, Charles P.
 Price, Walter C.
 Prigal, Herman
 Printz, Morton P.
 Pritzker, Sherman D.
 Pross, Clarence
 Pross, Ferdinand, Jr.
 Prostic, Albert
 Prostic, Harry
 Protokowicz, S. E.
 Proudfoot, R. E.
 Provenza, Stephen J.
 Provost, F. T.
 Pruce, Alfred Albert
 Pruce, Irving M.
 Pruss, Thaddeus P.
 Pryor, W. A.
 Pucklis, Frank S.
 Pugatsky, David
 Pumpian, Paul A.

Purdum, H. D.
Purdum, William A
Pycha, Richard J.

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Quarles, Ralph T.
Quasney, Emil, Jr.
Quen, Edward Marc
Quvedo, de Carlos G.

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Raap, Irvin Leonard
Rabinowitz, I. W.
Rabinowitz, Norman
Racusin, Nathan
Raedy, John Henry
Raffel, Leon
Ragains, Fred Perry
Raichlen, Isador
Raichlen, Samuel I.
Raines, Arthur
Raksin, Irving J.
Ralph, Bernard W.
Ramos, I. del P.
Raney, John W.
Ranfone, Charles
Rankin, Billy Frank
Ransom, Gray Portis
Rapaport, G. H.
Rapkin, Harvey M.
Rapoport, Leonard
Rappaport, Marvin
Raschka, Theo. Lee
Rasinsky, Milton
Raudonis, John A.
Rauschenbach, C. W.
Rausen, Joseph
Ravita, Salvatore J.
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Rawlins, Mildred A.C.
Raylman, Robert C.
Read, Herbert A.
Reamer, Israel T.
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Redden, Charles H.
Redmond, N. P., Jr.
Reed, C. H., Jr.
Reed, Clyde Eugene
Reed, Jackson S. R.
Reese, C. Clifford
Reese, Charles C.
Reese, Harry Eugene
Reese, Kenneth A.
Regimenti, Vincent J
Rehbein, Louis W.

Reichert, LeRoy D.
Reier, George E.
Reiner, Frank
Reindollar, Wm. F.
Reinhardt, O. M.
Reinhardt, R. L.
Reid, Hilary H.
Reir, Hilary H.
Reisch, Milton
Reiser, Arnold J.
Reiser, Earl
Reiter, Arthur Paul
Reiter, Saul
Reitz, J. J.
Rench, Victor B.
Rendel, Morris
Resnick, Elton
Resser, William Wolf
Restaino, F. A.
Rettaliata, Leo
Reynolds, A. C.
Reynolds, Bradley A.
Reynolds, C. E., Jr.
Reynolds, Ralph E.
Rezek, Geo. Jaroslav
Reznek, Paul
Rhode, John George
Rhodey, Charles L.
Ribeiro, Robert E.
Rice, Leonard M.
Rice, Howard S.
Ricedorff, Edwin M.
Rich, Frank R.
Richards, Kenneth O.
Richardson, C. G.
Richardson, C. T.
Richardson, G. A.
Richardson, David R.
*Richardson, Jas. J.
Richardson, Lloyd N.
Richardson, Wm. H.
Richardson, V. M.
Richman, Emanuel
Richman, Jacob L.
Richman, Morton D.
Richman, Philip F.
Richmond, Jerome
Richmond, Samuel
Richmond, Sewell E.
Richmond, Wm. C.
Richter, Wm. A.
Riedel, Walter K.
Riggin, Rex
Riggs, John A.
Riley, Marie Theresa
Ringgold, B. C.
Rinker, Lemuel H., Jr.
Ripley, Albert B.

Ritter, Ross W., Jr.
Rizer, R. L.
Robbins, Gaythel S.
Robbins, Sam S.
Robeck, Walter H.
Robenson, Milton N.
Robert, Rafael
Robert, W. H., Jr.
Roberts, William P.
Robertson, F. W.
Robertson, W. F.
Robins, Leon Israel
Robinson, Albert J.
Robinson, Joseph T.
Robinson, Maurita
Robinson, Oliver P.
Robinson, P. P.
Robinson, R. C. V.
Robinson, Robert
Robinson, S. E.
Robl, Mary J. K.
Rochester, Harry L.
Rockman, Morris
Roddick, Wilkin M.
Rodbell, Theodore E.
Rodell, Michael B.
Rodgers, Sister
Scholastica
Rodman, Leon
Rodman, Morris
Rodney, George
Rodowskas, C. A.
Roe, Thomas E.
Rofsky, Howard E.
Rogers, Harold L.
Rogers, William Earl
Rohoblt, Walter S.
Romanoff, Samuel A
Rombro, David M.
Rooss, Robert V.
Rosario, Carlos del
Rose, Jonas
Rose, Louis
Rose, Shep K.
Rose, Wm. Wilson
Rosen, Donald Merle
Rosen, Sam
Rosenbach, Hans J.
Rosenberg, Allen P.
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Rosenberg, Irwin J.
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Rosenberg, Milton B.
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- Rosenfeld, Albert
 Rosenfeld, David H.
 Rosenfeld, Israel A.
 Rosenstadt, Aaron
 Rosenstein, Aaron
 Rosenstein, Harry B.
 Rosenthal, Alvin
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 Rosenthal, Emanuel
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 Rosenthal, Lewis J.
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 Roslyn, John J.
 Rosoff, Philip
 Ross, Earl R.
 Ross, James Davis
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 Rossberg, Charles
 Rossberg, William C.
 Rostov, Samuel J.
 Roth, Louis J.
 Roth, Martin
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 Rothstein, Paul
 *Rotkowitz, William
 Rotter, Joseph Wm.
 Rouzer, John R.
 Rowens, W. Eldridge
 Rowland, Mary J. B.
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 Rowlenson, John T.
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 Roy, A. H.
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 Ruben, William M.
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 Rubin, Sylvan I.
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 Rudie, Harry
 Rudman, Melvin H.
 Rudo, Herbert B.
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 Rudoff, Oscar
 Rudolph, Henry S.
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 Ruff, Howard
 Ruff, William A.
 Ruhl, Frank H.
 Ruppertsburger, J. J.
 Rush, G. W. C.
 Russ, Roger M.
 Russell, J. A.
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 Ruth, Stephen
 Walter
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 Rutkin, Samuel
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 Sach, Abraham
 Sachs, Albert
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 Sachs, Michael
 Sachs, Norman R.
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 Sachs, Sylvan L.
 Sacki, Kurt Leo
 Sacks, Melvin
 Sacks, Morris
 Sacks, Paul D.
 Sacks, Sidney
 Sachs, Walter H.
 Sadel, David
 Sadel, Jacob
 Sadler, R. H.
 Sadler, Thomas, Jr.
 Sadownick, Arnold
 Sadowski, Leonard J.
 Safran, Sidney
 Sager, Benjamin
 Saks, Joseph Herman
 St. Henry, Sister Mary
 Saint John, M. E.
 Saiontz, Marvin F.
 Salmon, James F.
 Salus, Arthur
 Sama, Mario
 Sames, Joseph H.
 Sampson, A. J.
 Samuelson, Oscar
 Sandene, Clarence L.
 Sanders, Wm. E.
 Sandler, Jos. Samuel
 Sandler, Solomon
 Sanner, Norman R.
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 Santoni, David A.
 Santoni, Daniel A.
 Santoni, Henry A.
 Sappe, Milton J.
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 Sappe, Milton C.
 Sapperstein, Edw. I.
 Sapperstein, Jacob J.
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 Sarubin, Milton
 Saslaw, Israel S.
 Satsky, William M.
 Satou, Marcus
 Sause, Milton P.
 Savage, Moses
 Savage, Walter T.
 Savin, Jules I.
 Savitz, Melvin M.
 Sawtelle, Seth S.
 Sborofsky, Isadore
 Scafidi, Arnauld F.
 Scali, Peter Paul
 Scelfo, Octavia A.
 Scelsi, Joseph V.
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 Schaefer, Charles A.
 Schaefer, John F.
 Schaefer, T. A.
 Schammel, Adam J.
 Schapiro, A. B.
 Schapiro, Harry S.
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 Schapiro, Louis
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 Scheinker, Wm. H.
 Schenker, Norman L.
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 Scher, Robert
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 Schiff, Harry David
 Schiff, Howard R.
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 Schiltneck, C. N.
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 Schindel, Samuel L.
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 Schmidt, Chas. J., Jr.
 Schmidt, F. Herman
 Schmidt, Jacob E.
 Schmidt, Edwin A.
 Schmidt, E. Albert
 Schmidt, Geo. M.
 Schmidt, Herman
 Schmidt, Samuel
 Schmitt, Fred J.
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 Schneider, Edwin J.
 Schneider, Harold
 Schneider, Jack
 Schneider, Marvin
 Schneider, Richard J.
 Schneyer, Herbert D.
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 Schonfeld, Gerald
 Schoenrich, Herbert
 Schonfeld, Paul
 Schor, Leo
 Schotta, Elbert Wm.
 Schrader, Harry L.
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 Schroeder, J. H.
 Schucalter, Harry B.
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 Schulte, C. J. A., Jr.
 Schulte, C. M.
 Schulte, Edward Lee
 Schulte, Henry C.
 Schulte, John A.
 Schultze, Hugo F.
 Schuman, Joseph M.
 Schumann, Henry V.
 Schumm, Fred. A.
 Schuster, Gerald D.
 Schuster, John N.
 Schutz, Edward A.
 Schwartz, B. M.
 Schwartz, David I.
 Schwartz, Harry
 Schwartz, Henry
 Schwartz, I. George
 Schwartz, Francis H.
 Schwartz, J. W.
 Schwartz, Jerome
 Schwartz, John T. C.
 Schwartz, Martin
 Schwartz, Milton
 Schwartz, Nathan
 Schwartz, Sorell Lee
 Schwartz, Theo. H.
 Schwartzburt, I. L.
 Schwartzman, A. H.
 Schwatka, W. H., Jr.
 Sciarra, John Jack
 Scigliano, John A.
 Sclar, Morton J.
 Scola, Joseph
 Scoll, Lea H.
 Scott, David I.
 Scott, Donald W.
 Scott, Edward A.
 Scott, Edward D.
 Scott, Jennings B.
 Scott, Kent W.
 Scott, S. M., Jr.
 Sealfon, Irwin I.
 Seamans, Eugene A.
 Sears, Edward DeF.
 Sedam, Richard L.
 Seechuk, William W.
 Seely, Hattie May
 Seff, David Joseph
 Segal, Julius
 Segal, Sol C.
 Segall, Jacob Roth
 Segel, Harry
 Seibert, Stanley
 Seidel, Harry Louis
 Seidman, Henry G.
 Seidman, Sidney B.
 Seigle, S. S.
 Seldeen, Martin
 Seldin, Isadore
 Sellers, Harry H.
 Seltzer, Leonard A.
 Semer, Gerald M.
 Sencindiver, J. H.
 Senger, Joseph A.
 Sennhenn, William
 Serpick, Jacob
 Settleman, Jerome
 Settler, Alan Lee
 Settler, Myer Martin
 Seward, Mary E.
 Seward, William W.
 Sexton, Moses
 Shackelford, H. S.
 Shaffer, Frederick R.
 Shaffer, E. Herbert
 Shaffer, Harry P.
 Shaifer, Lawrence F.
 Shalita, Jack Saul
 Shalowitz, Marion
 Shank, Earl E.
 Shannon, Donald A.
 Shapiro, Albert A.
 Shapiro, Henry
 Shapiro, Jerome B.
 Shapiro, Joseph Saul
 Shapiro, Leonard Jay
 Shapiro, Lionel M.
 Shapiro, Max
 Shargel, Martin C.
 Shaughnessy,
 Sister Zoe
 Shea, Harold J.
 Shea, John W.
 Shear, Joseph
 Shear, Morton I.
 Shearer, Nancy Lee
 Sheer, Lawrence
 Sheetz, Randall L.
 Sheftelman, David
 Shein, Sidney
 Shellenberger, J. H.
 Sheller, Samuel J.
 Shelton, Wesley N.
 Shemer, Stuart
 Shenker, Allan B.
 Shenker, Arthur
 Shenker, Morris
 Shenker, Sherman H.
 Shepherd, Edward C.
 Shepherd, Fred. P.
 Sherer, Gerald
 Sherman, L. F.
 Sherman, Louis L.
 Sheroff, Seymour
 Sherr, Allan Robert
 Sherr, Bernard Erwin
 Sherr, Harold G.
 Sherry, David
 Shershow, Harry
 Sherwood,
 Margaret Frances
 Shestack, Robert
 Shevitz, Bertram M.
 Shields, Arthur P.
 Shimanek, L. J.
 Shimkus, Michael A.
 Shipley, Albert R.
 Shipley, H. Clinton
 Shirey, Ronald L.
 Shoben, Gerald
 Shoben, Jacob
 Shochet, Irving Edw.
 Shochet, Melvin
 Shocket, Sidney
 Shoemaker, Ross F.
 Shoemaker, T. A., Jr.

- Shoemaker, W. C.
 Shoemaker, W. G., II
 Shook, Joseph Wm.
 Shoolin, Samuel
 Shore, W. S.
 Showacre, Harry A.
 Showalter, Claude M.
 Showman, A. R.
 Shpritz, Esther H.
 Shpritz, Stuart
 Shulman, Emanuel V.
 Shulman, Joel
 Shulman, Shirley S.
 Shumway, M. A., Jr
 Shupe, B. F.
 Shupe, J. B.
 Shure, Arthur A.
 Shure, Bernard G.
 Shure, Irwin
 Shuster, Leon Paul
 Siegel, Alvin Morton
 Siegel, Arnold
 Siegel, Harold H.
 Siegel, Harold W.
 Siegel, Irving I.
 Siegel, Lawrence R.
 Siegel, Paul
 Sienkielewski, R. B.
 Sifen, Paul
 Silberg, Edgar Mano
 Silberg, Harvey G.
 Silberman, Irving
 Silberman, Joseph J.
 Silbert, Andrew W.
 Silnutzer, Meyer
 Silver, Benjamin J.
 Silverman, Albert M.
 Silverman, Irvin I.
 Silverman, Sidney
 Silverman, Sylvan L.
 Silverman, Sylvan B.
 Silverstein, Bernard
 Silverstein, Fred
 Silverstein, Morton I.
 Simmons, Harry P.
 Simmons, Leslie D.
 Simms, Thomas
 Simon, Alder Irvin
 Simon, Alvin
 Simon, Melvin
 Simonoff, Robert
 Simonson, John W.
 Simpson, Francis P.
 Simpson, John F.
 Sinclair, Theodore B.
 Sindler, Melvyn M.
 Singer, George D.
 Singer, Harold B.
 Singer, Isidore E.
 Singer, John V.
 Singewald, A. G.
 Singman, Henry D.
 Sinker, Robert S.
 Siracusa, Frederick
 Sirkis, Marvin P.
 Sirota, Leo Robert
 Sisco, Samuel
 Sisk, Joseph F.
 Sites, William A.
 Skaft, William
 Skiba, Michael J.
 Skibinski, Emil J.
 Sklar, Isidore Allen
 Skolaut, Milton W.
 Skrickus, Joseph A.
 Skruch, Walter John
 Skup, David A.
 Slama, Frank J.
 Slay, J. B.
 Sloan, Harold T.
 Slough, Herbert E.
 Slusky, Louis B.
 Small, Bessie B.
 Small, Howard A.
 Small, Isidore Irvin
 Smith, Arthur Wesley
 Smith, Bernard T.
 Smith, Camie P.
 Smith, Claude N.
 Smith, Daniel Earl
 Smith, David R.
 Smith, Edward
 Smith, Edgar C.
 Smith, George G.
 Smith, George M.
 Smith, Heber
 Smith, Henry W.
 Smith, Herbert C.
 Smith, Howard T.
 Smith, John Joseph
 Smith, Jos. I.
 Smith, Julius A.
 Smith, Lewis Ayer
 Smith, Martin
 Smith, Maurice R.
 Smith, Morton
 Smith, Murray P.
 Smith, Paul K.
 Smith, Pierre Frank
 Smith, Robert Wells
 Smith, Raymond H.
 Smith, Rudolph R.
 Smith, Rudolph, Jr.
 Smith, Sanford D.
 Smith, Theodore S.
 Smith, Thomas S.
 Smith, T. W.
 Smith, Walter N.
 Smith, W. Harry, Jr.
 Smith, William E.
 Smith, William H.
 Smith, William W.
 Smithers, Norman R.
 Smithers, Thomas J.
 Smoot, A. C.
 Smulevitz, Irving
 Smulovitz, David
 Smulovitz, Sidney
 Snavelly, R. W.
 Snell, Tom J.
 Snellinger, J. E.
 Sniadowski, A. J.
 Snively, Fred H.
 Snyder, Erwin C.
 Snyder, Jerome
 Snyder, Larry Albert
 Snyder, Nathan
 Snyder, Nathan M.
 Snyder, Paul Jay
 Snyder, Robert Ed.
 Snyder, William T.
 Sober, Norman
 Soladar, Augusta L.
 Sollod, Aaron Charles
 Sollod, Herbert S.
 Sollod, Joseph A.
 Sollod, Melvin J.
 Sollod, Sylvan J.
 Solomon, Sam
 Solomon, Simon
 Solomon, S. Samuel
 Solomon, Sylvan E.
 Solsky, Robert M.
 Somerlatt, Virginia G.
 Somers, Grover S.
 Sommer, Werner J.
 Sophocleus, G. J.
 Sosnoski, Walter J.
 Sosnowik, Lewis
 Sowell, Sam
 Sowbel, Irving
 Sowbel, Philip
 Soyles, James S.
 Spahn, J. A., Jr.
 Spain, Sister Lydia
 Spangler, Kenneth G.
 Spano, Arthur N.
 Speaker, Tully J. J.
 Spear, Murray C.
 Spellman, Sister
 Mary Rita
 Spence, Clarence G.
 Sperandeo, Frank J.
 Spicer, O. W.
 Spiegelman, Robt. W.
 Spielmire, C. E.
 Spike, Sidney
 Spittel, Robert John

Spittle, Elmer
 Sprague, Victor Hugo
 Sprecht, Charles E.
 Springer, Lewis Rex
 Sprowls, Winfield S.
 Sprucebank, Harry E.
 Sprucebank, Roy A.
 Stafford, Earle A.
 Stahl, Charles W.
 Stahl, William M.
 Stahlhut, Carl W.
 Staley, Clifton B.
 Staller, Abraham
 Stam, Lillian R.
 Stambosky, Louis
 Stancill, George W.
 Standiford, Isaac W.
 Stank, Kenneth E.
 Stark, Alvin
 Stark, John Walter
 Starr, Harvey
 Startt, William A.
 Statter, Irvin Barry
 Stattner, Milton
 Staub, Brown Chas.
 Stauff, John
 Stauffer, Howard C.
 Stavely, Roy S., Sr.
 Steel, Harold
 Steele, Frank John
 Steele, Wm. Richard
 Stecher, Joseph L.
 Steffe, John W.
 Stehl, Justus
 Stehl, Gustav L.
 Stehl, J. V.
 Stein, Milton R.
 Stein, Norman A.
 Steinberg, Bernard
 Steinberg, Louis
 Steinberg, Oscar H.
 Steinberg, Sherman
 Steiner, Albert
 Steinhardt, Abraham
 Steinhilber, Richard
 Stem, Albert W.
 Stempel, Edward
 Sterling, A. L.
 Sterling, Elmer W.
 Stern, Albert W.
 Sterner, Paul E., Jr.
 Stetson, Ross C.
 Stevens, S. E.
 Stewart, John Wesley
 Stewart, Ralph B.
 Stewart, Samuel H.
 Stewart, William H.
 Sticha, Joseph
 Stichel, William

Stichman, Solomon
 Stidger, Hugh
 Stierer, Raymond L.
 Stiffman, George J.
 Stiffman, Jerome A.
 Stillwagon, Larmar J.
 Stimek, Joseph A.
 Stine, Harry
 Stokes, Edward V.
 Stokosa, Milton J.
 Stolberg, Edward B.
 Stoler, Myer
 Stombler, C. R.
 Stone, Harry
 Stone, Joseph J.
 Stone, S. W.
 Storm, Norman F.
 Stotlemeyer, Chas. K.
 Stotler, Robert P.
 Stouffer, Harvey V.
 Stout, Warren E.
 Straight, Fred S.
 Strasburger, Melville
 Strasburger, Wm. R.
 Stratmann, George

M. C.

Strauch, John J.
 Strauch, Joseph
 Strauss, Austin
 Strauss, Bernard H.
 Strauss, Leo
 Strauss, Leon
 Streett, Edmund O.
 Streett, Mechem E.
 Strevig, John Alfred
 Stribler, J. H.
 Striner, Benjamin
 Strite, W. E.
 Sturgiss, A. G.
 Stutt, J. Harry
 Sudler, Arthur E.
 Sudler, Charles C.
 Sudler, Foster
 Sugar, Harold S.
 Sugar, Victor J.
 Sulewski, B. A.
 Sullivan, Clarence B.
 Sullivan, Daniel S.
 Sullivan, Fred G.
 Sullivan, Howard D.
 Sullivan, William F.
 Sullivan, William J.
 Sultan, Walter E.
 Sumrall, James Coy
 Sunshine, Abraham J.
 Surell, Howard S.
 Surratt, J. Harry
 Survil, Anthony A.
 Susel, Benjamin E.
 Sussman, Bernard
 Sussman, Hyman J.

Sussman, Sidney
 Suter, Thomas J.
 Suto, Frank Jacob
 *Svarovsky, John W.
 Svec, Robert Joseph
 Swain, Clyde C.
 Swain, Robert Lee
 Swain, Wilson B.
 Swartz, Charles J.
 Swartz, Harold A.
 Swartz, Irving E.
 Swiss, Nancy Lee
 Swiss, F. L.
 Symons, Julius
 Syracuse, Samuel F.
 T

Tabler, C. W.
 Taetle, Herman I.
 Tagg, Norman H.
 Taliaferro, W. B.
 Taich, Louis
 Tam, Clement W. S.
 Tamburo, Samuel J.
 Taransky, Allen A.
 Tarantino, John

Thos.

Tate, Joseph McCall
 Tattar, Leon Lee
 Taylor, Gary Louis
 Taylor, Joseph S.
 Taylor, R. W. W.
 Tee, Harry C., Jr.
 Teets, Donald E.
 Telasha, Donald A.
 Tenberg, David Paul
 Teramani, J. A.
 Terrell, Alexander A.
 Tesman, Jacob
 Thal, Johann M.
 Thayer, Franklin E.
 Thayer, H. T.
 Theodore, R. M.
 Thieme, G. C.
 Thiess, Robert E.
 Thomas, Frank J., Jr.
 Thomas, George R.
 Thomas, George S.
 Thomas, John R.
 Thomas, Oscar B.
 Thome, Charles C.
 Thorne, Charles F.
 Thrall, Ralph B.
 Thompson, J. West
 Thompson, Joseph E.
 Thompson, Paul H.
 Thompson, Robert E.
 Thompson, Wm. F.
 Thorne, Jean Musey
 Thornton, Henry L.
 Thornton, William H.

- Thorp, Clare Faye
Thron, Edward, Jr.
Tillery, John Wm.
Timmons, W. D., Jr.
Tingle, M. W.
Tipton, Frank B.
Title, Irwin
Titlow, H. B.
Titus, Sister Mary I.
Tober, Theodore W.
Tobias, I. Herbert
Todd, Harvey E.
Todd John C.
Todd, Robert Cecil
Toelle, Milton F.
Tokar, Elliot Sanford
Tolson, Bert D.
Tompakov, Sylvan
Tomsco, Robert F.
Toole, Frank Leo
Topakas, George A.
Topchik, Howard
Toulson, John M.
Tountas, Chris Peter
Tourkin, David
Traband, M. T., Jr.
Trachtenberg, Doris
Trageser, Jacqueline
Tralins, Julius Jos.
Tramer, Arnold
Tregoe, Charles H.
Trehern, J. Curtis
Tremaine, Stanley A.
Tremaine, Warren L.
Toronto, Nicholas A.
Treichel, Thomas K.
Tritle, Richard R.
Tronwood, Thos. G.
Troxel, J. G.
Troxell, Will F.
Truax, J. L.
Truitt, D. J. O.
Truitt, J. Gordon
Truitt, James W., Jr.
Truitt, Charles R.
Trull, Alfred C.
Truxton, Charles O.
Trygstad, Vernon O.
Tucker, Alexander
Tucker, William C.
Tucker, William W.
Tumas, John
Tumbleson, Arthur L.
Tumbleson, A. M.
Tumbleson, Chas. C.
Turlington, R. A.
Turner, A. F., Jr.
Turner, Zachariah III
Turpin, E. S.
- Turpin, H. J.
Twigg, Theodore K.
Tyerell, M. R.
Tyler, John Paul
- U
- Uhler, Gerard M.
Ulan, Martin S.
Ullman, Donald A.
Undang, Arnold
Urlock, John P., Jr.
Urspruch, William G.
- V
- Van Allan, Peter
Van Duzer, Roberta
Vansant, Bayard
Van Slyke, Amos R.
Vasper, David Robert
Veasey, John
Vehrencamp, E. L.
Velinsky, Sylvia Lois
Venick, Marvin L.
Verchik, John Wm.
Vezina, Armand B.
Vicino, Dominic J.
Vidal, Manuel J.
Vilkas, Leo J.
Vinson, R. B.
Visel, C. G.
Vodenos, Philip N.
Volkman, Maurice M.
Volpe, William J.
Vogel, George
Voigt, Herman A.
Vojik, Edward C.
Von Doelle, J. H., Jr.
Vondracek, John W.
Voshell, William F.
Voshell, William Jr.
Voxakis, George C.
- W
- Wachsman, Irvin L.
Waddell, Samuel J.
Wagenheim, Zelick
Waggoner, Edgar G.
Wagman, Barlow J.
Wagman, Mishel H.
Wagner, Betty G.
Wagner, Fred. H. J.
Wagner, George W.
Wagner, Karl G.
Wagner, Charles H.
Wagner, Phyllis H.
Wagner, Raphael H.
Wailles, Henry S.
Wainger, Edward
- Waitsman, Earl S.
Walb, Winfield A.
Walb, Winfield S.
Walch, Edward E.
Wald, Sheldon G.
Waldsachs, Joseph J.
Waldman, Alvin M.
Waldman, Jacob
Walker, Alfred
Walker, C. H.
Walker, Carl Samuel
Walker, Paul A.
Walker, R. H.
Wallace, Joseph T.
Waller, Irvin Robert
Waller, William J.
Wallis, Henry Hill
Wallis, Walter
Walman, Morris
Walsh, Richard J.
Waltemeyer, J. T.
Walter, James B., Jr.
Walter, Norman W.
Walton, Tracy McC.
Walts, David Y.
Waltz, Bradley H.
Waltz, George H.
Walz, Jacob L.
Walzer, Adolph
Waltzinger, A. F., Jr.
Wannenwetsch, J. F.
Waples, Wm. Ewing
Ward, Francis X.
Ward, Michael J.
Ward, Stark
Wareham, E. A.
Warfield, Albert H.
Warfield, S. Roland
Warfield, Harry N.
Wargell, Walter F.
Warnefeld, Wm. H.
Warner, J. Lewis
Warner, William
Warren, Daniel A.
Warren, Jerome B.
Warren, J. Noble
Warrenfeltz, J. Fred.
Warrington, C. L., Jr.
Warshaw, Samuel E.
Warthen, John D., Jr.
Wassell, Theodore J.
Wasserman, L. W.
Wasserman, Louis W.
Waterman, H. E.
Waterman, R. H.
Waters, Charles C.
Waters, Joseph Thos.
Waters, James K.
Watkins, J. W.
Watkowski, Milton R.

- Watts, C. C.
 Watts, Edward N.
 Watts, Howard C.
 Watts, H. R.
 Watts, John Wesley
 Waxman, Milton M.
 Way, J. Louis
 Weaver, Frank H.
 Weaver, Warren E.
 Webb, James S.
 Weber, Edward
 Webster, Samuel E.
 Webster, Thomas C.
 Weeks, John A.
 Wegad, Evelyn
 Wehler, Randolph
 Wehner, Daniel G.
 Weinbach, Eugene C.
 Weinberg, Harry
 Weinberg, M. A.
 Weinberg, Myron S.
 Weinberg, Sydney G.
 Weinberger, Sally D.
 Weiner, Alex
 Weiner, Bernard
 Weiner, David
 Weiner, Leon
 Weiner, Martin
 Weiner, Morton H.
 Weiner, Solomon
 Weiner, William
 Weingarten, J. H.
 Weinshenker, A.
 Weinstein, Daniel D.
 Weinstein, Jack J.
 Weinstein, Michael L.
 Weisberg, Ruth R.
 Weiss, Bernard
 Welch, Louis J. F.
 Welland, Arthur I.
 Wells, C. Milton
 Wells, Henry C.
 Wells, John S.
 Welsh, Charles R.
 Weltner, William
 Wendel, H. George
 Wenschhof, Donald E.
 Werley, LeRoy D., Jr.
 Wertheimer, Samuel
 Wesley, Maris P.
 Wesolowski, Frank J.
 West, Charles C.
 West, Fred Ralph
 West, Henry A.
 West, Erasmus
 Wetchler, Solomon
 Whaley, Wilson M. Jr.
 Wharton, John C.
 Wharton, Thomas P.
 Wharton, Zodak P.
 Whayland, Sewell H.
 Wheeler, Ann W.
 Wheeler, John B., III
 White, Bernard N.
 White, G. W.
 White, Geo. Spencer
 White, E. Riall, Jr.
 White, Luther
 White, Marilyn J. W.
 White, Pinkney M.
 White, Thomas F.
 White, Thomas N.
 Whitefield, James M.
 Whiteley, Roland S.
 Whiteley, William S.
 Whitesell, Elwood E.
 Whitesell, Reese E.
 Whiteside, Wm. B.
 Whitiker, C. Irwin
 Whitley, L. B.
 Whittaker, E. W.
 Whittemore, Edwin
 Whittle, G. W.
 Whittle, Harry L.
 Whittle, Thomas S.
 Whittle, William A.
 Wich, Carlton E.
 Wich, Henry E.
 Wich, J. Carlton
 *Wickes, H. O.
 Wickham, John J.
 Wiederkehr, Martin
 Wiener, Maurice
 Wierner, Herbert
 Wight, F. L., Jr.
 Wilder, Earle M.
 Wildsmith, Thos. H.
 Wiley, Robert Allen
 Wilhelm, Clarence W.
 Wilkens, J. H.
 Wilkerson, Albert R.
 Willard, Jester J.
 Wille, Harry R.
 Willer, Rose P.
 Willer, William
 Williams, Alfred S.
 Williams, Arza G.
 Williams, Clyde G.
 Williams, Edward B.
 Williams, William O.
 Williamson, C. S.
 Williamson, E. L.
 Williamson, J. A.
 Williamson.
 Richard J.
 Willis, Henry N.
 Willke, Herbert H.
 Wilson, Franklin D.
 Wilson, H. J.
 Wilson, John Jacob
 Wilson, Joseph A.
 Wilson, Sister M.
 Joan of Arc
 Wilson, W. M., Jr.
 Wilson, W. W.
 Wilson, Walter W.
 Wilson, Wilfrid A. N.
 Winakur, Arthur
 Windsor, Lester D.
 Winger, David Z.
 Winger, Effie V.
 Winkler, William H.
 Winn, Solomon
 Winslow, Edwards F.
 Winstead, Oliver P.
 Winter, Samuel
 Winternitz, R. F.
 Wirth, Ferdinand F.
 Jr.
 Wishner, Arnold B.
 Withers, James B.
 Witt, Richard L.
 Wittik, Jerome S.
 Witzel, John F.
 Witzke, Carl H.
 Witzke, Louis Henry
 Wlodkowski, E. M. J.
 Wode, Alvin E. W.
 Woehner, Walter A.
 Wojcik, Frank R.
 Wolf, Charles A.
 Wolf, D. Earl
 Wolf, G. Ernest
 Wolf, Nathan
 Wolf, Robert F.
 Wolfe, Eddie
 Wolfe, G. H.
 Wolfe, J. Albert
 Wolfe, James J.
 Wolfe, Morris
 Wolfe, W. H.
 Wolff, E. E.
 Wolford, Keith H.
 Wolfovitz, Martin I.
 Wolfovitz, Sam
 Wolinsky, Leon H.
 Wollman, Joseph I.
 Wolpert, Arthur
 Wolszewick, R. F.
 Wood, Marguerite L.
 Woltman, Enos Fred
 Wong, Margaret
 Wong, Ronald J.
 *Wood, Medford C.
 Woodland, John C.
 Woodman,
 Harrison Payne
 Woods, F. D.

Woodward J. S.
 Woodward, J. S., Jr.
 Woolford, Elmer B.
 Wooten, R. O.
 Worden, Lloyd G.
 Worrall, Fred. W.
 Worthington, Eugene
 Wright, Fred N.
 Wright, Henry D.
 Wright, John H.
 Wright, Joseph
 Wright, Joseph E.
 Wright, L. R.
 Wright, Myron J.
 Wright, Thomas G.
 Wright, L. B., III
 Wright, Lawrence M.
 Wroth, Emory S.
 Wyatt Blanche B.
 Wylie, H. Boyd, Jr.

Y

Yager, Frank
 Yaffe, Morris Robert
 Yaffe, Samuel S.
 Yaffe, Stanley J.

Yankeloff, Louis G.
 Yarmack, Morris H.
 Yarmosky, Jack J.
 Yaros, Rudolph R.
 Yevzeroff, Benjamin
 Yevzeroff, David A.
 Yevzeroff, J. E.
 Yohn, Charles R.
 Yost, Frederick
 Youch, Charles A.
 Young, Charles L.
 Young, Donald Roy
 Young, George I., Jr.
 Young, Paul Roscoe
 Young, Ralph Victor
 Yousem, Jonas J.
 Yuscavage, Wm. J.

Z

Zajac, Walter C.
 Zaleski, Raymond A.
 Zalevsky, Sidney M.
 Zalucky, Theodore B.
 Zamecki, Robert J.
 Zappulla, Santo A.
 Zarych, Joseph F.

Zeigler, Gervis B.
 Zeller, Chas. B. Boyle
 Zenitz, Barnard L.
 Zentz, Milton
 Zetlin, Henry
 Zerofsky, Frank
 Zerofsky, Harold
 Zervitz, Max M.
 Zerwitz, Irving F.
 Zerwitz, Sidney
 Zeytoonian, Carl L.
 Ziegler, Charles L.
 Ziegler, John H.
 Zilber, S. Nathan
 Zimmer, David J.
 Zimmerman, E. R.
 Zimmerman, E. F.
 Zimmerman, L. M.
 Zimmerman, M. I.
 Zimmerman, T. E.
 Zimnoch, Francis X
 Zinberg, Milton M.
 Zink, William P.
 Zolenas, A. J., Jr.
 Zuchowski, Victor L.
 Zucker, Paul
 Zukerberg, Morris
 Zulty, Joan H.
 Zvares Simon

REGISTERED ASSISTANT PHARMACISTS IN MARYLAND

The following list of Assistant Registered Pharmacists is furnished by and with the authority of the Maryland Board of Pharmacy, and every care has been taken to make the list accurate in every detail. However, should any errors be noted, please notify the Secretary of the Maryland Board of Pharmacy, 301 West Preston Street, Baltimore, Maryland.

A

Adalman, Philip
Adams, E. Raymond
Albert, Arleigh H.
Amberg, Richard O.
Anderson, W. A

B

Baker, Harry B.
Baker, James I.
Balmert, Frank C.
Barr, William W.
Barrett, Francis O.
Barrow, Edward W.
Bell, Elizabeth A.
Bercowitz, B. J.
Bere, J. G.
Bernstein, Joseph
Biggs, Eldridge F.
Blatt, Henry
Blizzard, Ella M.
Boone, Wiley James
Bowmeyer, Alvin S.
Brandenburg, L. R.
Briele, August Kern
Brille, F. R.
Brooks, Homer C.
Brown, Emma H.
Brown, William
Bryan, Arthur H.
Buffington, Mrs. M.E.
Burton, Perry P.
Buschman, Geo. W.

C

Caldwell, Gerald E.
Caplan, Abraham
Carter, Clarence L.
Chaires, Clifton M.
Cherry, John M.
Christ, Edwin L.
Christopher, H. B.
Cizek, George
Clarke, Hugh V.
Cohen, Morris G.
Collenberg, Girdwood
Colona, Clarence J.
Colston, Benjamin A.
Copes, James

Corbett, E. S.
Cotter, Edward F.
Councell, E. W.
Crammer, D. Preston
Cronin, T. Arthur
Crowther, Aloha H.
Cutchin, William M.

D

Davis, Edward Mann
Davis, Robert G.
Dayhoff, Edward B.
Deal, Justin
Deiter, Louis V.
Dentelhauser, L. T.
Derry, John W.
Dickinson, Frank M.
Diggs, Paul A.
Dougherty, Carl E.
Dryden, William H.

E

Easton, Maurice C.
Edwards, Gustav A.
Eichner, George W.
Eselhorst, Albert R.

F

Fearson, E. T.
Fehler, Charles E.
Fehler, John F.
Feitelberg, Samuel L.
Fields, William A.
Fiske, Christian
Flack, Herbert L.
Flounders, Mark E.
Flynn, Paul Francis
Forein, Belle
Forsythe, William F.
Fox, Lester
Fox, William R.
Frazier, Henderson S.
Full, R. F.
Funk, John W.

G

Gilmer, Franklin S.
Glantz, Hiram A.
Glick, S. Shipley
Goldman, Samuel M.

Green, William F.
Grote, Francis C. E.

H

Hague, Aldred E.
Habliston, Charles C.
Harley, John V.
Hassen, John E.
Heise, John E.
Heise, Fred H.
Herman, Mrs. H. G.
Hersey, Walter H.
Hicks, F. I.
Hinton, George H.
Hipsley, Oscar
Holewinski, John A.
Holloway, M. A.
Hood, Thomas E.
Hope, John W.
Hopkins, Annie M.
Horn, Amanda I.
Hughes, Harry C.
Hughes, Ephraim G.
Humphreys, Wm. G.
Humphreys, W. B.
Hunter, Livingston O.
Hurd, A. E. S.

I

Ichniowski,
Casimer T.
Ireland, Philip B.

J

Jester, Henry F.
Jones, Albert B.
Jones, Howard Wm.
Jones, Paul C.

K

Kahn, Edmund
Kammerer, Wm. H.
Keenan, Robert
Keenan, Walter S.
Keller, J. E.
Kinner, Harold C.
Kirby, Robert M.
Klepper, Charles F.
Klink, John C.

Kolb, Edwin
Kolb, Walter R.
Kremer, Isaac
Kress, Milton B.

L

Lambden, Francis A.
Lankford, Henry M.
Lautenbach, F., Jr.
Lautenbach, Geo. W.
Leary, Anna W.
Leberman, S. K. L.
Lee, Russell E.
Leiva, Carlos E.
Lemke, William F.
Lennan, Samuel C.
Levin, Milton
Lewisson, Harry
Lilly, W. I.
Lingo, Robert W.
Litsinger, Vernon L.
Lloyd, George A.
Lytle, E. C.

M

McClenny, Dick C.
McCormick, Arthur F.
McDonald, Joseph F.
McKay, Wm. Kenny
McKenna, W. C.
Mace, W. S.
Machin, Frank H.
Main, Clarence Z.
Marek, Charles D.
Marley, John V.
Martz, Wm. E.
Matthew, W. S.
Mayer, Fred
Mayers, Harry J.
Meck, Charles H.
Meredith, Charles L.
Meyers, George
Michael, V. B.
Michael, M. Harlan
Mikules, Cordelia L.
Millet, Joseph
Minchewer, W. H.
Moore, Sarah S.
Morgan, Walter L.
Mullikin, John F.
Mund, Maxwell H.
Murphey, Joseph A.

N

Newman, George L.
Newmeyer, Alvin S.
Norton, John C.
Nusbaum, Clement I.

O

Otto, Harry C.

*Deceased

P

Parker, George H.
Parr, Newton I.
Payntel, Clara S. M.
Petts, George E., Jr.
Pharr, D. C.
Phillips, Benton S.
Phillips, Edwin J.
Porterfield, Milton P.
Powers, John W.
Powers, James W.
Pressler, W. H.
Price, Roscoe D.
Proctor, S. Howard

Q

Quinn, Egbert L.
Quinn, J. Louis

R

Raiva, Philip
Ramsay, Thomas L.
Rauck, Arthur E.
Rauth, John Wm
Raynor, Clark S.
Reckitt, Charles E.
Renanhan, John L.
Richardson, L. A.
Riff, Charles
Ritch, Thomas W.
Robinson, H. M., Jr.
Robinson, James
Rowe, Grace E.
Rubin, Mortimer M.
Rudo, Nathan
Ruhl, Emma
Russel, W. M.

S

Sacks, Milton S.
Sanders, Albert J.
Sauer, Mary Louisa
Saunders, Thomas S.
Schnabel, William T.
Schochet, George
Schulte, August W.
Schwartz, Daniel J.
Scott, Virginia P.
Sears, Florence
Sencendiver, Jacob P.
Sharrett, George O.
Sheman, George P.
Shipley, Samuel H.
Shivers, M. L.
Skilman, L. G.
Smith, J. Moseley
Smith, Leroy A.
Sprague, Lewis H.
Stacey, T. E., Jr.
Staling, J. C.

Stanward, M. Benton
Stevenson, W. H.
Stimmer, Richard E.
Stiner, Wilbur C.
Stouffer, Clyde R.
Stouffer, Rankin
Strause, Geo. Alvin
Suter, Louis A.

T

Talbott, D. Russell
Taylor, James Alfred
Thomas, George W.
Thome, E. Reynolds
Thompson, Jerome J.
Thompson, Oma M.
Thomson, J. A.
Todd, Arch McA.
Totz, Hammond
Toulson, Hattie I.
Toy, Arthur T.
Trail, Edith I.
Trainor, William J.
Trattner, James N.
Troxel, Effie M.

V

Von Helms, Ernest
Vosatka, John

W

Walch, William F.
Walter, J. W.
Waltham, Alan P.
Walton, H. Webster
Ward, Harry E.
Watts, S. Tarlton
Weaver, Harry C., Jr.
Weaver, Lincoln R.
Weller, Argie G.
Weller, Charles G.
Weller, Harry
*Wenderoth, Edwin P.
White, Earle C.
White, Robert C.
Wiggers, Clarence H.
Wiernik, Clarence
Williams, Amos C.
Williams, C. D.
Wilson, Joseph O.
Wolf, Alan G.
Woodward, C. P.
Wrenick, Clarence
Wright, Edna Kirk
Wright, Loretto
Wright, Walter T.

Y

Young, H. W.

Z

Zacharias, Edwin

OFFICERS OF THE ASSOCIATION SINCE ITS ORGANIZATION

Presidents

1883—J. J. Thomsen	1923—C. L. Meyer
1884—D. C. Aughinbaugh	1924—W. K. Edwards
1885—E. Eareckson, M. D.	1925—S. Y. Harris
1886—A. J. Corning	1926—H. A. B. Dunning
1887—William Simon, M. D.	1927—Harry R. Rudy
1888—J. Walter Hodges	1928—Howell W. Allen
1889—M. L. Byers	1929—Geo. W. Colborn, Jr.
1890—E. M. Foreman	1930—L. S. Williams
1891—Columbus V. Emich	1931—Wm. B. Spire
1892—John Briscoe, M. D.	1932—L. M. Kantner
1894—John F. Hancock	1933—L. V. Johnson
1895—Henry J. Hynson	1934—Andrew F. Ludwig
1896—H. B. Gilpin	1935—Harry W. Matheney
1897—W. C. Powell	1936—Melville Strasburger
1898—Robert S. McKinney	1937—Robert L. Swain
1899—A. R. L. Dohme	1938—A. A. M. Dewing
1900—Wm. E. Turner	1939—A. N. Hewing
1901—Louis Schulze	1940—Lloyd N. Richardson
1902—J. Webb Foster	1941—T. Ellsworth Ragland
1903—W. E. Brown	1942—Elmer W. Sterling
1904—H. Lionel Meredith	1943—Frank L. Black
1905—M. A. Toulson	1944—Ralph C. Dudrow
1906—J. E. Hengst	1945—Harry S. Harrison
1907—Owen C. Smith	1946—Albin A. Hayman
1908—W. M. Fouch	1947—Charles S. Austin, Jr.
1909—John B. Thomas	1948—Milton J. Fitzsimmons
1910—Charles Morgan	1949—Nelson G. Diener
1911—James E. Hancock	1950—Howard L. Gordy
1912—D. P. Schindel	1951—William E. Waples
1913—J. Fuller Frames	1952—Manuel B. Wagner
1914—J. F. Leary	1953—Otto W. Muelhouse
1915—Geo. A. Bunting	1954—Lester R. Martin
1916—Thomas M. Williamson	1955—Hyman Davidov
1917—Eugene W. Hodson	1956—Frank J. Macek
1918—W. H. Clarke	1957—George M. Schmidt
1919—D. R. Millard	1958—Frank Block
1920—G. E. Pearce	1959—Gordon A. Mouat
1921—R. E. L. Williamson	1960—Harold M. Goldfeder
1922—A. L. Lyon	1961—Norman J. Levin

First Vice-Presidents

1883—C. W. Crawford	1902—M. A. Toulson
1884—Steiner Schley	1903—Owen C. Smith
1885—Levin D. Collier	1904—Mercer Brown
1886—Joseph B. Boyle	1905—Henry Howard
1887—C. W. Crawford	1906—A. L. Pearre
1888—C. H. Redden	1907—J. H. Farrow
1889—D. M. R. Culbreth	1908—J. G. Beck
1890—Chas. Caspari, Jr.	1909—W. C. Aughinbaugh
1891—John Briscoe, M. D.	1910-11—D. P. Schindel
1892—T. W. Smith	1912—J. Fuller Frames
1894—Henry P. Hynson	1913—J. D. Stotlemeyer
1895—J. W. Cook	1914—G. A. Bunting
1896—Robert S. McKinney	1915—Thomas M. Williamson
1897—W. S. Merrick	1916—Eugene W. Hodson
1898—August Schrader	1917—W. H. Clarke
1899—C. C. Waltz	1918—D. R. Millard
1900—L. R. Mobley	1919—G. E. Pearce
1901—J. Webb Foster	1920—R. E. L. Williamson

First Vice-Presidents

(Continued)

1921—E. Riall White	1943—Ralph C. Dudrow
1922—C. L. Meyer	1944—Harry S. Harrison
1923—W. K. Edwards	1945—Albin A. Hayman
1924-25—H. A. B. Dunning	1946—Charles S. Austin, Jr.
1926—H. R. Rudy	1947—M. J. Fitzsimmons
1927—Howell W. Allen	1948—Nelson G. Diener
1928—George W. Colborn, Jr.	1949—Howard L. Gordy
1929—L. S. Williams	1950—William E. Waples
1930—W. B. Spire	1951—Manuel B. Wagner
1931—L. M. Kantner	1952—Otto W. Muehlhause
1932—L. V. Johnson	1953—Lester R. Martin
1933—Andrew F. Ludwig	1954—Hyman Davidov
1934—Harry W. Matheney	1955—Frank J. Macek
1935—Melville Strasburger	1956—George M. Schmidt
1936-1937—A. A. M. Dewing	1957—Frank Block
1938—A. N. Hewing	1958—Gordon A. Mouat
1939—Lloyd N. Richardson	1959—Harold M. Goldfeder
1940—T. E. Ragland	1960—Norman J. Levin
1941—Elmer W. Sterling	1961—Victor H. Morgenroth, Jr.
1942—Frank L. Black	

Second Vice-Presidents

1883—Thomas W. Shryer	1923—H. A. B. Dunning
1884—A. J. Corning	1924—S. Y. Harris
1885—Henry R. Steiner	1925—L. L. Kimes
1886—John T. Wooters	1926—Howell W. Allen
1887—J. Walter Hodges	1927—Geo. W. Colborn, Jr.
1888—J. F. Leary	1928—L. S. Williams
1889—Joseph B. Garret	1929—Wm. B. Spire
1890—D. C. Aughinbaugh	1930—L. M. Kantner
1891—F. A. Harrison	1931—L. V. Johnson
1892—J. Fuller Frames	1932—A. F. Ludwig
1894—C. B. Henkel, M. D.	1933—Harry W. Matheney
1895—George E. Pearce	1934—Melville Strasburger
1896—Steiner Schley	1935—A. A. M. Dewing
1897—Louis Schulze	1936-37—A. N. Hewing
1898—Eugene Worthington	1938—Lloyd N. Richardson
1899—John M. Weisel	1939—T. E. Ragland
1900—J. F. Leary	1940—E. W. Sterling
1901—E. T. Reynolds	1941—Frank L. Black
1902—W. J. Elderdice	1942—Ralph C. Dudrow
1903—Alfred Lapouraille	1943—Harry S. Harrison
1904—H. L. Troxel	1944—Albin A. Hayman
1905—J. J. Barnett	1945—Charles S. Austin, Jr.
1906—Alfred Lapouraille	1946—M. J. Fitzsimmons
1907—W. C. Carson, M. D.	1947—Nelson G. Diener
1908—Franz Naylor	1948—Howard L. Gordy
1909—W. G. Lowry, Jr.	1949—William E. Waples
1910—R. E. L. Williamson	1950—Manuel B. Wagner
1911—J. D. Stotlemeyer	1951—Arthur C. Harbaugh
1912—Henry Howard	1952—Lester R. Martin
1913—Geo. A. Bunting	1953—Hyman Davidov
1914—Henry Howard	1954—Frank J. Macek
1915—Eugene W. Hodson	1955—George J. Schmidt
1916—C. K. Stotlemeyer	1956—Frank Block
1917—D. R. Millard	1957—Gordon A. Mouat
1918—G. E. Pearce	1958—Harold M. Goldfeder
1919—R. E. L. Williamson	1959—Norman J. Levin
1920-21—J. W. Westcott	1960—Victor H. Morgenroth, Jr.
1922—W. K. Edwards	1961—William A. Cooley

Third Vice-Presidents

1883—Hugh Duffy	1923—J. H. Farlow
1884—Levin D. Collier	1924—A. C. Lewis
1885—T. W. Smith	1925—A. N. Hewing
1886—J. Walter Hodges	1926—G. W. Colborn, Jr.
1887—Henry A. Elliott	1927—L. S. Williams
1888—John Briscoe, M. D.	1928—Wm. B. Spire
1889—E. M. Foreman	1929—L. M. Kantner
1890—J. F. Hancock	1930—L. V. Johnson
1891—J. E. Henry	1931—A. F. Ludwig
1892—C. B. Henkel, M. D.	1932—Chas. D. Routzahn
1894—George E. Pearce	1933—Melville Strasburger
1895—J. W. Smith	1934—A. A. M. Dewing
1896—Thomas H. Jenkins	1935—A. N. Hewing
1897—A. Eugene DeReeves	1936-1937—Lloyd N. Richardson
1898—C. C. Ward, M. D.	1938—T. E. Ragland
1899—C. H. Michael	1939—Elmer W. Sterling
1900—W. E. Brown	1940—Frank L. Black
1901—O. G. Schuman	1941—Ralph C. Dudrow
1902—W. R. Jester	1942—Harry S. Harrison
1903—Henry Howard	1943—Frederick B. Eason
1904—Wm. D. Campbell	1944—Charles S. Austin, Jr.
1905—W. S. Carson, M. D.	1945—Milton J. Fitzsimmons
1906—A. J. Keating	1946—Nelson G. Diener
1907—J. D. Stotlemeyer	1947—Howard L. Gordy
1908—H. R. Rudy	1948—William E. Waples
1909—E. Riall White	1949—Manuel B. Wagner
1910—J. P. Keating	1950—Arthur C. Harbaugh
1911—W. M. Carson, M. D.	1951—Otto W. Muehlhause
1912—John G. McIndoe	1952—Hyman Davidov
1913—W. H. Clarke	1953—Frank J. Macek
1914—E. W. Hodson	1954—George M. Schmidt
1915—C. K. Stotlemeyer	1955—Frank Block
1916—John I. Kelly	1956—Gordon A. Mouat
1917—G. E. Pearce	1957—Harold M. Goldfeder
1918—R. E. L. Williamson	1958—Norman J. Levin
1919—J. W. Dorman	1959—Victor H. Morgenroth, Jr.
1920-21—W. K. Edwards	1960—William A. Cooley
1922—H. A. B. Dunning	1961—Solomon Werner

Fourth Vice President

1960—Solomon Weiner	1961—Alexander J. Ogrinz, Jr.
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Secretaries

1883—John W. Geiger	1903—Louis Schulze
1884-88—M. L. Byers	1904—Owen C. Smith
1889-94—John W. Geiger	1905—Louis Schulze
1895—J. F. Hancock	1906—Owen C. Smith
1896—Henry Maisch	1907-1942—E. F. Kelly
1897-99—Charles H. Ware	1942-52—Melville Strasburger
1900—Louis Schulze	1953-61—Joseph Cohen
1901-02—Owen C. Smith	

Treasurers

1883-85—E. Walton Russel	1907-13—J. W. Westcott
1886-94—Samuel Mansfield	1914-23—S. Y. Harris
1895—Henry B. Gilpin	1924-29—G. P. Hetz
1896-98—D. M. R. Culbreth	1930-1936—Harry S. Harrison
1899-1900—W. M. Fouch	1937-1953—J. F. Wannenwetsch
1901—J. R. Beck	1954-55—Gordon A. Mouat
1902-05—H. R. Rudy	1955-61—John F. Wannenwetsch
1906—G. C. Wisotzki	

Editors

1925-1939—Robert L. Swain	1953-61—Joseph Cohen
1939-1952—Melville Strasburger	

MARYLAND PHARMACEUTICAL ASSOCIATION

ROLL OF MEMBERS

Active Members—As Of October 1, 1961

(The following addresses are in Baltimore with Zone No. following street, unless otherwise designated.)

Aaronson, Alfred I. 3729 S. Hanover St., 25
 Abramowitz, Robert. 2401 E. Federal St., 13
 Agnew, Max. 139 E. Main St., Frostburg
 Albert, Irvin J. 3811 Canterbury Road, 18
 Albrecht, Walter E. 310 Maple Rd., Linthicum Heights
 Albrecht, William E. 7423 Baltimore Ave., College Park
 Allen, C. Murray. 243 Virginia Ave., Cumberland
 Alpern, Elwin H. 1504 15th St., Odenton
 Ansell, Max S. 24 E. Madison St., 2
 Apitz, Fred W. 6227 N. Charles St., 12
 Appel, William J. 6 N. Washington Street, Easton
 Applestein, Frank. 1045 N. Fulton Ave., 17
 Asbill, John L. 401 Washington Ave., Towson 4
 August, Henry J. 12 E. Main Street, Thurmont

Bailey, Halcolm S. 8th St. & Philadelphia Ave., Ocean City
 Balassone, Francis S. 301 W. Preston St., 1
 Bambrick, Vincent C. 154 Race St., Cambridge
 Barshack, Jack. 1431 Fuselage Ave., Middle River 20
 Bass, Harry. 4224 Pimlico Road, 15
 Batie, A. Lester. 126 Washington Ave., Laurel
 Beitler, Ben. 423 Patapsco Ave., 25
 Beitler, Leonard. 4300 Ritchie Hgwy., 25
 Belford, Joseph. 1601 Edmondson Ave., 23
 Berlin, Alvin. Routes 97 & 108, Olney
 Berman, Abraham S. 4512 Erdman Avenue, 13
 Berman, Frederic T. 3407 Hamilton Avenue, 14
 Bialek, Ted. 8218 Wisconsin Avenue, Bethesda
 Binstock, Albert. 8301 Harford Rd., 14
 Bishop, Davis N. 6305 Sherwood Rd., 12
 Block, Frank. 1524 Cypress St., 26
 Block, Samuel G. 2901 E. Baltimore St., 24
 Blum, Abraham. 305 N. Eutaw St., 1
 Blumson, Samuel S. 800 E. Baltimore St., 2
 Bookoff, Morris. 820 Dulaney Valley Road, Towson 4
 Bourne, Benjamin P. 809 Viers Mill Rd., Rockville
 Braden, A. Wayne. 920 Ellsworth Drive, Silver Spring
 Brazius, Joseph V. 301 S. Broadway, 31
 Brill, Phyllis W. 7307 Seven Mile Lane, 8
 Brownstein, Milton J. 6901 York Road, 12
 Brunnett, William L. 6222 Baltimore Ave., Riverdale

Caldwell, Thomas H. 3038 Clifton Park Terrace, 13
 Campbell, Thomas W. Carter Building, Market St., Denton
 Caplan, Bernard S. 7902 Dundalk Ave., Dundalk, 22
 Carmel, Joseph. 4352 Park Heights Ave., 15
 Cavacos, Andrew T. 1001 W. 36th St., 11
 Cermak, Jerome J. 3500 Pelham Ave., 13
 Chandler, N. W. 7037 Defense Hgwy., Landover Hills
 Chatkin, Robert H. 401 Summit Ave., Hagerstown
 Cherry, Bernard. 4627 Harford Rd., 14
 Cheslow, Nathan I. 110 Patapsco Ave., 25
 Chodnicki, Marion R. 35 N. Milton Ave., 24

Clark, Frank B.....Ellerslie, Md.
 Cohen, Bernard I.....2217 N. Fulton Ave., 17
 Cohen, Harry C.....900 Harlem Avenue, 17
 Cohen, Hershel.....201 W. Franklin St., 1
 Cohen, Irving I.....5511 Oregon Ave., Arbutus, 27
 Cohen, Joseph.....2509-A Steele Road, 9
 Cohen, Nathan.....1828 E. Baltimore St., 31
 Cohen, Samuel.....1645 E. Baltimore St., 31
 Coleberg, Carl L.....Main St., Preston
 Connor, William J...Commerce Street & Railroad Ave., Centreville
 Cooley, William A.....100 Valley Street, Cumberland
 Cooper, Howard E...10 Decatur & Frederick Streets, Cumberland
 Cooper, Morris L.....700 W. North Avenue, 17
 Cragg, James P., Jr.....4123 Frederick Avenue, 29
 Crozier, John A.....901 Curtain Avenue, 18
 Cummings, M. T.....Dunbrooke, Mountain Road, Pasadena
 Custis, Harry J., Jr.....149 Market Street, Pocomoke City

Danoff, Abe.....1645 E. Baltimore Street, 31
 Davidov, Hyman.....900 N. Charles Street, 1
 Davidov, Louis.....5115 Roland Avenue, 10
 Davidson, Meyer.....935 N. Gay Street, 2
 Davis, Robert L.....327 Main Street, Crisfield
 Deans, John.....Prince William & Main Streets, Princess Anne
 Dembo, Julius L.....2200 Jefferson Street, 5
 Deutschman, Barry H.....10101 River Road, Rockville
 Dickman, Arnold L.....2300 Edmondson Avenue, 23
 Diener, Nelson G.....2925 Thorndale Avenue, 15
 Donaldson, John E...60 Florida Avenue, N.E., Washington 2, D.C.
 Dorsch, Joseph U.....3514 Edmondson Avenue, 29
 Dougherty, John H., Jr.....370 Main Street, Laurel
 Dougherty, Leon P.....302 Pulaski Street, Cumberland
 Drapkin, Leon I.....8706 Flower Avenue, Silver Spring
 Drennen, J. Holly.....8 S. Main Street, Port Deposit
 Dripps, S. M.....10 St. Michael's Way, 12
 Drug Fair Drug Stores.....1200 S. Eads Street, Arlington 2, Va.
 Drukman, Herman B.....6651 Belair Road, 6
 Dunning, Fitzgerald.....1030 N. Charles Street, 1
 Dunning, H.A.B.....1030 N. Charles Street, 1

Eckhardt, Henry.....301 Marydell Road, 29
 Edwards, James D.....102 Commerce Street, South, Centreville
 Engberg, John J.....Main & Lake Streets, Salisbury
 Engel, Ralph.....685 Washington Blvd., 30
 Englander, Clinton W.....8 Alder Street, Oakland

Fainberg, Edward.....7542 Belair Road, 6
 Fauss, Albert L., Jr.....39 W. Main Street, Hancock
 Fedder, Donald O.....201 Wise Avenue, Dundalk 22
 Fedder, Eli.....1210 Reisterstown Road, Pikesville 8
 Feldman, Charles W.....1535 W. Lexington Street, 23
 Feldman, Milton H.....900 N. Gilmore Street, 17
 Fine, Jerome L.....8807 Allenswood Road, Randallstown
 Fink, Francis T...Martin Blvd. & Compass Road, Middle River 20
 Finkelstein, Karl H.....300 Main Street, Laurel
 Fisher, Edward H.....105 S. Baltimore Avenue, Ocean City
 Fisher, Philip E.....Route No. 2, Berlin
 Fitzsimmons, Milton J.....109 Main Street, Ellicott City
 Folus, Irving.....5926 Riggs Road, Hyattsville
 Foss, Noel E.....636 W. Lombard Street, 1
 Foster, Carroll P.....6327 Belair Road, 6
 Freed, Irving.....930 Whitelock Street, 17

- Freed, Mayer N.....6112 Central Avenue, Capitol Heights
 Freitag, H. Homer.....212 E. Cross Street, 30
 Fribush, Sidney.....16 N. Jonathan Street, Hagerstown
 Friedman, Aaron J.....145 B Back River Neck Road, 21
 Friedman, Albert.....1003 S. Sharp Street, 30
 Friedman, Gilbert I.1531 Madison Avenue, 17
 Friedman, Melvin.....1600 Linden Avenue, 17
 Friedman, Milton A.100 S. Poppleton Street, 1
 Friedman, Nathan J.....701 N. Gay Street, 2
 Frishman, Samuel.....6480 New Hampshire Avenue, Tokoma Park

 Gaboff, Benjamin.....20 N. High Street, 2
 Gadol, Ellis10128 Colesville Road, Silver Spring
 Gakenheimer, Albert C.....Cockeysville
 Gakenheimer, Herbert E.....8th & "D" Streets, Sparrows Point 19
 Gardner, Michael F.....253 S. Washington Street, 31
 Gaver, Paul G.....100 W. University Parkway, 10
 Gelrud, Jack.....6 Coral Drive, North, Lexington Park
 Glaeser, Henry J., Jr.....3 Westminster Street, Manchester
 Glaser, Abraham E.....1014 Wilson Point Road, Middle River 20
 Glaser, Louis L.....511 Avondale Road, Dundalk 22
 Gleiman, Irvin J.....1939 Madison Avenue, 17
 Glick, Henry J.....120 N. Smallwood Street, Cumberland
 Gluckstern, Wilfred H.....820 Dulaney Valley Road, Towson 4
 Goldberg, Irving.....7327 Landover Road, Hyattsville
 Goldberg, Jack.....9423 Georgia Avenue, Silver Spring
 Goldberg, Milton.....3903 Hollins Ferry Road, 27
 Goldfeder, Harold M.....6100 Rhode Island Avenue, Riverdale
 Golditch, Henry M.....2447 E. Preston Street, 13
 Goldstein, Sam A.....1100 N. Calhoun Street, 17
 Goodman, Irvin.....55 E. Main Street, Westminster
 Gordon, Jack B.....5807 Western Run Drive, Apt. C, 9
 Gordon, Samuel.....1401 Edmondson Avenue, 23
 Gordy, Howard L.....213 E. Main Street, Salisbury
 Greenberg, Albert G.....5002 Ritchie Highway, 25
 Greenberg, Harry.....5451 Belair Road, 6
 Greenberg, HarveyRoute 2, Box 580, Glen Burnie
 Greenberg, Leon.....50 Old Annapolis Road, Severna Park
 Greenberg, Richard E.....3405 Belair Road, 13
 Greenberg, S.W.....4692 Suitland Road, Washington 20,D.C.
 Greenfeld, David.....5201 Windsor Mill Road, 7
 Greif, Daniel.....1625 Wilkens Avenue 23
 Grossman, Bernard B.....1655 N. Monroe Street, 17
 Gruz, Nathan I.....5817 Merville Avenue, 15
 Guild, Cecil E.....44 W. Main Street, Westminster

 Hagan, Frank C.....800 Pershing Drive, Silver Spring
 Hahn, Albert G.....324 W. Saratoga Street, 1
 Handelman, Louis.....1001 N. Charles Street, 1
 Hanks, Carleton W.....221 Maryland Avenue, Cumberland
 Harbaugh, Arthur C.....872 Mulberry Avenue, Hagerstown
 Harman, Richard T.....5606 Main Street, Elkridge 27
 Harris, Morris5119 Queensbury Avenue, 15
 Hayes, William B.507 Mace Avenue, 21
 Hayman, Albin A.715 Forest Lane, Salisbury
 Heer, Wilmer J.2724 Harford Road, 18
 Hendelberg, I. J.4637 York Road, 12
 Henderson, Marvin W.7401 Harford Road, 14
 Hendler, L. Manuel1100 E. Baltimore Street, 2
 Hill, William C.30 E. Dover Street, Easton
 Hilliard, M. Evans4943 Belair Road, 6
 Hillman, Milton L.19 Tulagi Place, Lexington Park

- Hoffman, Sylvan A. 2658 Huntingdon Avenue, 11
Hopkins, Carville B. 251 West Street, Annapolis
Hopkins, Charles H. 7 York Street, Taneytown
Horne, Peyton N. 32 N. Washington Street, Easton
Hudson, Hugh E. Talbot Street, St. Michaels
- Israelson, Rubin H. 2301 Hollins Street, 23
- Johnson, Clyde G. Somerset Ave. & Prince Wm. St., Princess Anne
Judy, Francis L. 2 Byrd Avenue, Cumberland
- Kalb, Francis P. 4419 Kenwood Avenue, 6
Kamanitz, Irvin L. 100 W. Main Street, Salisbury
Kamenetz, Irvin 6913 Belair Road, Overlea 6
Kaminski, Felix H. 3138 O'Donnell Street, 24
Kammer, William H. 701 E. Preston Street, 2
Karpa, Maurice J. 1402 Reisterstown Road, Pikesville 8
Karr, William S. 9515 Harford Road, 14
Katz, Gabriel E. 9925 Rhode Island Avenue, College Park
Kaufman, Stanley L. 911 Beechfield Avenue, 29
Kaufman, Frank A. 401 York Road, Towson 4
Keech, Robert P. 600 Virginia Avenue, Cumberland
Kellough, Elmer R., Jr. 10 Decatur Street, Cumberland
Kerpelman, Isaac E. 722 S. Salisbury Blvd., Salisbury
Kirson, Jerome 743 N. Central Avenue, 2
Kitchen, William Y. 60 West Street, Annapolis
Klavens, Sidney R. 1117 Light Street, 30
Kline, Bernard B. 8309 Grubb Road, Silver Spring
Kling, Herman M. 2245 E. Fayette Street, 31
Klingel, Mrs. R. M. 101 Cheapside Street, 2
Klotzman, Alfred 1041 Edmondson Avenue, 23
Kobin, Benjamin 1000 W. Cross Street, 30
Koons, George S. 31 Concocheague Street, Williamsport
Kosakowski, Chester G. 635 S. Lakewood Avenue, 24
Kramer, Leonard H. 442 E. North Avenue, 2
Krantz, John C., Jr. 7824 Ellenham Road, 4
Kraus, L. H., Jr. 400 S. Division Street, Salisbury
Krieger, Max A. 7810 Harford Road, 14
Kroopnick, Godfred D. 930 Whitelock Street, 17
- Lachman, Bernard B. 5024 Park Heights Avenue, 15
Laken, Bernard 1301 W. North Avenue, 17
Lapin, Bernard J. 2701 Old North Point Road, 22
Latona, Salvatore J. 4007 34th Street, Mt. Rainier
Lawlor, Henry W. Charles Theatre Building, LaPlata
Lawson, Alfred M. 5802 Baltimore Avenue, Hyattsville
Layden, William 2140 W. Baltimore Street, 23
Lazarus, Leon J. 401 Eastern Avenue, 21
Lebson, David. 4605 Edmondson Avenue, 29
Lebson, Hyman. 4605 Edmondson Avenue, 29
Lemler, Abraham A. 1801 W. Lexington Street, 23
Levin, Arthur 101 N. Washington Street, Havre de Grace
Levin, Barry S. 2101 Garrison Blvd., 16
Levin, Benjamin S. 6306 Eastern Avenue, 24
Levin, Bernard 910 Leeds Avenue, 29
Levin, Harold P. 537 E. 41st Street, 18
Levin, I. Alvin. 4623 Reisterstown Road, 15
Levin, Jack B. 5910 Liberty Road, 7
Levin, Morris. 1612 Kelly Avenue, 9
Levin, Norman. 910 Leeds Avenue, 29
Levin, Norman J. 1401 Reisterstown Road, Pikesville 8
Levin, Theodore. Poplar Grove & Lafayette Avenue, 16

- Levine, Jay E.....1929 Virginia Avenue, Hagerstown
 Levine, Milton.....3726 Windsor Mill Road, 16
 Levinson, Henry 721 Poplar Grove Street, 16
 Levitis, Louis.....11401 Georgia Avenue, Silver Spring
 Levy, Abraham M.....1612 Kelly Avenue, 9
 Leyko, Gregory W. A.....2501 W. Baltimore Street, 23
 Libowitz, Aaron M.....4901 Belair Road, 6
 Lichter, George.....4709 Garrison Blvd., 15
 Lieb, Frank J.....1600 S. Charles Street, 30
 Lillich, Mrs. Anna L.....3 Center Place, Dundalk 22
 Lindenbaum, Louis.....515 S. Camp Meade Road, Linthicum
 Lindenbaum, Morris.....5 Main Street, Reisterstown
 Lipsky, Harold H.....951 Pennsylvania Avenue, 1
 Lohmeyer, Lloyd W.....390 W. Main Street, Crisfield
 Lowry, Raymond J.....45 Main Street, Westernport
 Lykos, Nicholas C.....2101 York Road, Timonium
 Lynn, Norman B.....5 N. Summit Avenue, Gaithersburg
 Lyon, G. Taylor.....330 St. John Street, Havre de Grace

 McCagh, Frank L., Jr. 101 N. Centre Street, Cumberland
 McComas, J. Ross.....8642 Loch Raven Blvd., Towson 4
 McDougall, Bernard C.....30 Main Street, Sykesville
 Macek, Bernard F.....2245 Eastern Avenue, 31
 Macek, Frank J.....1736 Aliceanna Street, 31
 Macek, Walter P.....4708 Parkside Drive, 6
 Macks, Ben H. 436 Eastern Avenue, Essex 21
 MacLarty, David C.....527 E. 41st Street, 18
 Magiros, John G. Rogers Avenue & Route 40, Ellicott City
 Maisenhalder, Edward C. 21 S. Main Street, Bel Air
 Mallonee, J. 1820 Earhart Road, 21
 Malone, William W.....Bay Avenue, North Beach
 Manheimer, Raymond B. 2502 Eutaw Place 17
 Marcus, Michael 2021 W. Pratt Street, 23
 Marek, Anton C. 701 N. Lakewood Avenue, 5
 Markley, Edward B. 3701 Falls Road, 11
 Martin, Lester R. Winchester Road, R. D. 5, Cumberland
 Martin, Robert J. 1068 National Highway, LaVale
 Mask, Jerome 2701 Old North Point Road, 22
 Mayer, Alexander M. 1800 N. Charles Street, 1
 Meeth, John T. 3255 Frederick Avenue, 29
 Mendelsohn, Daniel.....5305 East Drive, 27
 Mendelson, Herman 6126-30 Georgia Avenue, N.W., Washington
 Mercer, Robert V. 911 Pine Avenue, Frederick
 Mercer, Victor G. 243 N. Market Street, Frederick
 Meyers, Macy H. Liberty Road, Eldersburg, Sykesville
 Meyers, Max B. 8302 Liberty Road, 7
 Miden, Julian I.....3133 W. Belvedere Avenue, 15
 Miller, L. Dudley 105 W. Redwood Street, 1
 Miller, Lewis.....2325 Callow Avenue, 17
 Moler, Robert K.....301 Tollhouse Avenue, Frederick, Md.
 Mondell, Harold D.....5500 Gwynn Oak Avenue, 7
 Moore, W.....4500-02 Edmondson Avenue, 29
 Morgenroth, Victor H., Jr.....703 Brookwood Road, 29
 Morgenstern, William A. 6328 Windsor Mill Road, Woodlawn 7
 Morris, Samuel 10214 New Hampshire Avenue, Silver Spring
 Morton, Joseph H.....332 E. Belvedere Avenue, 12
 Moss, John H.....636 Frederick Avenue, 28
 Mouat, Gordon A. 3300 Greenmount Avenue, 18
 Myers, Lyndon B. Main Street, Mt. Airy

 Neuberger, Arnold J.....Jarrettsville
 Neun, Mrs. Alberta E. 4800 Roland Avenue, 10
 Neun, Charles J. 301 E. Baltimore Street, 2

- Newman, David 309-311 N. Union Avenue, Havre de Grace
 Nitsch, Charles A. 837 Frederick Avenue, Catonsville 28
 Niznik, Theodore T. 439 S. Chester Street, 31
 Norris, Earl M. 4706 Liberty Heights Avenue, 7
 Norton, Anna C. 17 W. Chase Street, 1
- Oed, Marvin L. 6502 Hilltop Avenue, 6
 Ogrinz, Alexander J., Jr. 3300 Greenmount Avenue, 18
 O'Hara, John J. 2200 Fulton Avenue, 17
 Oken, Louis E. 6701 Harford Road, 14
 Oleszczuk, Melvin J. 1800 Eastern Avenue, 31
 Ortt, James B. Easton
- Packett, W. Harold 8551 Connecticut Avenue, Chevy Chase
 Padussis, Anthony G. 6510 O'Donnell Street, 24
 Palmer, Mathias 8642 Loch Raven Blvd., Towson 4
 Pang, Charles E. 4300 York Road, 12
 Papiermeister, Joseph 9865 Main Street, Damascus
 Parker, James A. I. 3737 University Blvd., West, Kensington
 Passaro, Edward J. 6510 O'Donnell Street, 24
 Patterson, Walter J. 4123 Frederick Avenue, 29
 Paul, Howard 3801 Liberty Heights Avenue, 15
 Pearlman, William L. 3107 W. North Avenue, 16
 Pelovitz, Nathan G. 1713 Edmondson Avenue, 28
 Pendergast, Thomas Indian Head
 Peoples Drug Stores, Inc. 60 Florida Avenue, N.E., Wash. 2, D. C.
 Petralia, Anthony J. 4901 Frankford Avenue, 6
 Pfeifer, C. Edward 1201 Light Street, 30
 Pilson, R. A. Main Street, New Windsor
 Pinsky, Herman H. 430 E. Baltimore Street, 2
 Poklis, Alphonse 305 E. High Street, Chestertown
 Pollack, Morton L. Charles & 34th Streets, 18
 Pomerantz, Leonard H. Nutwell Road, Deale
 Popluder, Nathan 2610 Harford Road 18
 Porterfield, M. Perry 925 Pennsylvania Avenue, Hagerstown
 Porterfield, Raymond S. 38 Main Street, Hampstead
 Portney, Samuel 551 N. Fulton Avenue, 23
 Prensky, Bernard M. 6573 Ager Road, Hyattsville
 Price, Charles P. 4810 Bowley's Lane, 6
 Proudfoot, Robert E. 56 Second Street, Oakland
 Provenza, Stephen J. 101 W. Read Street, 1
- Quasney, Emil, Jr. 17 Fort Smallwood Road, Pasadena
- Raichlen, Sam I. 3300 Keswick Road 11
 Rasinsky, Milton 30 W. Main Street, Westminster
 Read's Drug Stores 2523 Gwynns Falls Parkway, 16
 Reed, J. Ronald 31 N. Potomac Street, Hagerstown
 Reiser, Arnold J. 2805-07 Old North Point Road, 22
 Rettaliata, Leo C. 2200 N. Charles Street, 18
 Reznick, Paul 11182 Baltimore Blvd., Beltsville
 Richardson, Lloyd N. 1 N. Main Street, Bel Air
 Richman, Emanuel 3741 Wabash Avenue, 15
 Richman, Philip 90 West Street, Annapolis
 Richmond, Sewell E. 5500 Park Heights Avenue, 15
 Robbins, Sam S. 4401 Liberty Heights Avenue, 7
 Roberts, William P. 5306 York Road, 12
 Robinson, Lester G. 2139 Pennsylvania Avenue, 17
 Rochester, Harry L. 5212 Reisterstown Road, 15
 Rodowskas, Christopher A. 616 Patapsco Avenue, 25
 Rosen, Donald 419 Ritchie Highway, South, Glen Burnie
 Rosenberg, Leon 9925 Rhode Island Avenue, College Park
 Rosenberg, Robert 100 Baltimore Annapolis Blvd., N.E. Glen Burnie

Rosenstein, Aaron	4005 Penhurst Avenue, 15
Rosenthal, Alvin	3529 Dolfield Avenue, 15
Rosenthal, Leo	1500 University Blvd., East, Hyattsville
Rossberg, Charles, Jr.	2526 Washington Blvd., 30
Ruddie, Israel M.	5300 Edmondson Avenue, 29
Rudo, Herbert B.	5810 Eastern Avenue, 24
Sabatino, Louis T.	8301 Harford Road, 14
Sachs, Raymond	6 Coral Drive, North, Lexington Park
Sama, Mario	Sherdale & Ruxford Drives, Route #1, Kingsville
Santoni, David A.	3520 E. Lombard Street, 24
Santoni, Henry A.	4301 Belair Road, 6
Sappe, Milton J.	1184 Washington Blvd., 30
Sapperstein, Jacob H.	Cockeysville
Sarubin, Milton	97 Main Street, Ellicott City
Savage, Walter T.	5 Main Street, Berlin
Schapiro, Abraham	4601 Park Heights Avenue, 15
Schapiro, Oscar M.	3905 Mortimer Avenue, 15
Scheinker, William H.	442 E. North Avenue, 2
Schenker, Norman L.	2801 Guilford Avenue, 18
Schenker, Philip	2801 Guilford Avenue, 18
Scherr, Stanley	105 Old Annapolis Road, Glen Burnie
Schmalzer, William J., Jr.	Ridge Road, Freeland
Schmidt, George M.	107 E. Main Street, Elkton
Schnaper, Morton J.	6900 Arlington Road, Bethesda 14
Schneider, Richard J.	Route #5, Old Branch Avenue, Clinton
Schrader, Harry L.	347 S. Smallwood Street, 23
Schucalter, Harry B.	920 Washington Blvd., 30
Schumer, Jack	1200 Pennsylvania Avenue, 17
Schuster, John N.	3701 Belair Road, 13
Schwartz, Nathan	Route No. 1, Box 752, Edgewater
Schwartz, Theodore H.	1561 N. Fulton Avenue, 17
Schwatka, W. Herdman, Jr.	600 Sussex Road, Towson, 4
Sears, Edward D.	Kingsville
Seechuk, William W.	5814 Belair Road, 6
Seidman, Henry G.	7201 Harford Road, 14
Sellers, Harry H.	607 Maryland Avenue, Cumberland
Serpick, Jacob	St. Paul & 21st Streets, 18
Shank, Earl E., Jr.	W. Main Street, Emmitsburg
Shapiro, Joseph W.	1832 E. Monument Street, 5
Shaw, Frank M.	147 Market Street, Pocomoke City
Sheetz, Lynn	14 Long Drive, Cumberland
Shenker, Morris	1027 West Way, Glen Burnie
Shields, Arthur P.	6410 Frederick Avenue, Catonsville 28
Shochet, Irving	3401 Dundalk Avenue, 22
Shpritz, Stuart	864 W. North Avenue, 17
Shulman, Emanuel	2334 Iverson Street, Washington 21, D.C.
Shure, Bernard G.	1700 Joan Avenue, Towson 4
Shure, Irvin	8100 Liberty Road, 7
Shuster, Leon P.	1231 W. Baltimore Street, 23
Silberg, Harvey G.	1800 E. Monument Street, 5
Silbert, Andrew W.	41 Lloyd Street, 2
Silverman, Albert M.	3325 E. Baltimore Street, 24
Singer, George D.	4717 Eastern Avenue, 24
Singer, Isadore	300 Main Street, Laurel
Small, Irvin	631 W. Lexington Street, 1
Smith, Bernard T.	1125 N. Charles Street, 1
Smith, Rudolph M. J.	108 Main Street, Annapolis
Smulson, Mrs. Lillian	299 Willow Spring Road, Dundalk 22
Snyder, Paul J.	701 Poplar Grove Street, 16
Sober, Sidney	921 Patapsco Avenue, 25
Sollod, Melvin J.	9107 Riggs Road, Adelphi
Sollod, Sylvan J.	635 E. Fort Avenue, 30

Solomon, Samuel	1342 Pennsylvania Avenue, 17
Solomon, Simon	1342 Pennsylvania Avenue, 17
Spano, Arthur N.	Green & Water Streets, Cumberland
Spigelmire, Charles E.	22 York Court, 18
Standiford, Isaac W.	15 Belair Avenue, Aberdeen
Stark, Alvin	6112 Central Avenue, Capitol Heights
Statter, I. Barry	449 E. 25th Street, 18
Sterling, Elmer W.	Church Hill
Stiffman, George J.	2206 Crest Road, 9
Stiffman, Jerome A.	3502 N. Hilton Road, 15
Stofberg, Charles	5658 The Alameda, 12
Stofberg, Robert	1401 E. Cold Spring Lane, 12
Stoler, Myer	101 N. Ellwood Avenue, 24
Stotler, Robert P.	1068 National Highway, LaVale
Sullivan, Fred G.	5802 Baltimore Avenue, Hyattsville
Sumrall, James C.	Main Street, Cecilton
Sussman, Hyman J.	3601 Park Heights Avenue, 15
Sussman, Sidney	3927 Park Heights Avenue, 15
Swiss, Frank L.	3001 E. Monument Street, 5
Taetle, Herman	4301 Randolph Road, Silver Spring
Taich, Louis	601 N. Carey Street, 17
Tattar, Leon L.	2906 Garrison Blvd., 16
Teramani, Joseph A.	4901 Frankford Avenue, 6
Thomas, John	101 E. Baltimore Street, 2
Tompakov, Sylvan	7004 Reisterstown Road, 15
Tomsko, Robert F.	11 N. LaVale Street, LaVale
Toronto, Nicholas A.	4021 Main Street, Upper Marlboro
Tralins, Julius	891 W. Fayette Street, 1
Truitt, James W., Jr.	102 N. Main Street, Federalburg
Turner, Albert F.	3831 Garrison Blvd., 15
Ulman, Bernard, Sr.	314 Light Street, 2
Vodenos, Philip N.	York Road, Timonium
Vojik, Edward C.	900 S. Ellwood Avenue, 24
Wagner, Charles H.	5500 Harford Road, 14
Wagner, George W.	45 Main Street, Westernport
Wagner, Raphael H.	502 W. Cold Spring Lane, 10
Walb, Winfield A.	6002 Harford Road, 14
Walman, Morris R.	6715 Reisterstown Road, 15
Wannenwetsch, John F.	4123 Frederick Avenue, 29
Ward, M. James	4524 Middleton Lane, Bethesda 14
Warfield, H. Nelson	7025 Plymouth Road, Pikesville 8
Warren, Jerome B.	7403 Liberty Road, Woodmoor 7
Waxman, Milton	126 Main Street, Elkton
Webster, S. Earl	24 Poplar Street, Cambridge
Weiner, David	4032 Falls Road, 11
Weiner, Solomon	5501 Reisterstown Road, 15
Welsh, C. Robert	201 Wise Avenue, Dundalk, 22
Wertheimer, Samuel	29 South Centre Street, Cumberland
Wesolowski, Frank J.	1717 York Road, Lutherville
West, Frederick R.	1140 Druid Hill Avenue, 1
Whitesell, Reese E.	238 N. Market St., Frederick
Whittemore, Edwin	801 W. 36th St., 11
Wich, Henry E.	1230 N. Stricker St., 17
Wiener, Maurice	3446 Wilkens Ave., 29
Wildes, Edward M., Jr.	54 N. Centre St., Cumberland
Williams, William O.	6305 Sherwood Rd., 12
Windsor, Lester D.	410 Camden Court, Salisbury
Winn, Solomon	2540 E. Fayette St., 24

Wirth, Ferdinand F., Jr.307 N. Ellwood Ave., 24
 Witzke, Carl H.1201 Linden Ave., 17
 Wolfe, Eddie O.10501 Rhode Island Avenue, Beltsville

Yaffe, Morris R.10101 River Rd., Rockville
 Yaffe, Samuel S.LaPlata
 Yaffe, Stanley J.1504 15th St., Odenton
 Yankeloff, Louis G.1801 E. Eager St., 5
 Yarmosky, Jack2501 Edmondson Ave., 23
 Yevzeroff, Benjamin3801 Woodhaven Ave., 16
 Young, Charles L.109 Main St., Ellicott City

Zentz, Milton E.5460 Park Heights Ave., 15
 Zervitz, Max M.1300 N. Caroline St., 13
 Zerwitz, Irving F.4001 Annapolis Rd., 27
 Zerwitz, Sidney5114 Liberty Heights Ave., 7

1961 AFFILIATE MEMBERS

Allen, James E.411 S. Capitol St., Washington 3, D.C.
 Appel, Bernard A.50 Club View Lane, Phoenix
 Austin, Mrs. Charles S., Jr.6729 York Rd., 12
 Baxter, Robert E.Dunbrooke, Mountain Rd., Pasadena
 Bloom, Herman J.5408 Park Heights Ave., 15
 Brice, C. Carroll, Jr.110 West St., Annapolis
 Dunning, Charles A.1030 N. Charles St., 1
 Dunning, H. A. B., Jr.1030 N. Charles Street, 1
 Eldridge, Mrs. Jean K.7200 North Point Rd., Sparrows Point
 Estrin, David I.52 "O" Street, N.W., Washington 1, D.C.
 Jordon, L. M.60 "M" St., N.E., Washington, D.C.
 Libov, Irving1023 E. Baltimore St., 2
 Mendelsohn, Israel.4111-15 W. Belvedere Avenue, 15
 Parks, Isadore J.7 E. Lexington St., 2
 Parrish, Margaret A.7621 Bellona Avenue, 4
 Roberts, James W., Jr.7401 Pulaski Highway, 6
 Rutkowski, Dorothy E.743 S. Conkling Street, 24
 Schapiro, Mrs. Hattie R.7025 Brookville Road, Chevy Chase
 Schwartz, SimonEdgewood
 Sewell, Joseph N.119 S. Howard St., 1
 Wagner, Albert D.45 Main St., Westernport

1961 HONORARY MEMBERS

Black, Frank L.Baltimore
 Byrd, Harry C.College Park
 Cole, B. OliveBaltimore
 Kantner, Leahmer M.Baltimore
 Swain, Robert L.New York

1961 LIFE MEMBERS

Marmor, Joseph P.18 S. Market St., Frederick
 Strasburger, Melville116 W. University Parkway

1961 ASSOCIATE MEMBERS

Abrahams, Nathan H.21 Heath Dr., Neptune, N.J.
 Alessi, Alfred H.3532 Northern Pkwy. 6
 Allen, Benjamin F.636 W. Lombard St., 1
 Applestein, Harry A.3920 Fairview Ave., 16
 Armstrong, Charles L.1207 Culvert Rd., Hampton Village, Towson, 4
 Aronson, Donald3528 Reisterstown Rd., 15

- Baikstis, Mrs. Anda.....5002 Lodestone Way, Apt.-F, 6
 Bailey, Melvin.....100 W. 22nd Street, 18
 Barnes, Attison L., Jr.....P. O. Box 21, Trappe
 Barnstein, Fred S.804 Sturgis Place, 8
 Barshack, Irwin S.....6852 Reisterstown Road, 15
 Becker, Charles24 Oaklee Village, Apt., 29
 Becker, John W.3617 Chesterfield Ave., 13
 Becker, Stanley L.3108 Bancroft Rd., Apt.-E, 15
 Behner, Lawrence A.Blenheim Rd., Phoenix
 Bell, Frank K.504 Fletcher Place, Rockville
 Berger, Jerome A.....4710 Greenspring Avenue, 9
 Berlin, Julius3908 Wabash Ave., 15
 Billian, Bernard.....6812 Brompton Road, 7
 Bindok, Edward J.3307 Grenton Ave., 14
 Block, Jerome3433 Ripple Rd., 7
 Bowen, Curtis A.701 Greenwood Rd., 8
 Bowers, Martin R.1455 Kirkwood Rd., 7
 Brant, Robert E.....404½ N. Centre Street, Apt.-3, Cumberland
 Brickman, Allen G.3502 Tulsa Rd., 7
 Brodsky, Emmanuel M.4000 Fordleigh Rd., 15
 Buck, Robert L.8614 Allenswood Rd., Randallstown
 Buppert, Hobart C.Route 2, Box 137, Pasadena P.O.
- Caplan, Robert M.3302 Karen Drive, 7
 Carls, Mark D.201 Rothwell Drive, Lutherville
 Carter, David C.2017 Kynwyd Rd., Graylyn Crest III,
 Wilmington 3, Dela.
 Carter, Paul M.26 Coventry Court, Pine Orchard Meadows,
 Ellicott City
 Cohen, Samuel C.2735 Cylburn Ave., 15
 Cole, S. Charles3822 Ridgewood Ave., 15
 Colvin, Ralph M.204 E. Biddle St., 2
 Connelly, Mary W.6407 Liberty Rd., 7
 Cooper, Miss Jane C.Chestertown
 Crane, Richard R.6007 Eurith Ave., 6
- Dagney, Edward B.3718 Kimble Rd., 18
 Dagold, Donald J.4204 Bedford Rd., 8
 Davidov, Arnold5115 Roland Ave., 10
 Davidson, Saul3119 Bancroft Rd., 15
 Davies, Joseph W.....721 Maryland Avenue, Hagerstown
 Davis, Mrs. Rebecca H.2020 Bryant Ave., 17
 Deckelbaum, Max6506 Baythorn Rd., 9
 DeDominicis, Miss Amelia C.2217 Eastridge Rd., Timonium
 Demarest, Dudley A.908 Lynhurst St., 29
 Dembeck, Walter D.....3212 Dudley Avenue, 18
 Dickstein, Benjamin6608 Dalton Drive, 7
 Dreyer, Frederick W., Jr.3503 Oak Court, 7
 Dunbar, RuthP.O. Box 52, Versailles, Kentucky
 Dyott, William H.25 Riverside Drive, Winchester, Annapolis
- Edelen, James A.5115 Frederick Ave., 29
 Edenfield, Charles H., Sr.2806 List Ave., 14
 Edwards, Webster K.817 Hilltop Drive, Cumberland
 Eisentrout, Harry G., Jr.....1068 National Highway, LaVale
 Epstein, Yale3102 Barrison Boulevard, 16
 Eskow, A. Bernard32 S. Hanover St., 1
 Etzler, Edward A.126 Granville Ave., Annapolis
 Eustice, Russell C., Jr.....17008 Woodale Drive, Silver Spring
- Feldman, Morris2901 Whitney Ave., 15
 Folckemmer, C. W.2011 Northburne Rd., 14
 Foley, William T., Jr.1 Franklin St., Aberdeen

- Frankle, Harold.....7419 Monita Road, 8
 Franzoni, F. Royce 3508 N. Abington St., Arlington, 7 Va.
 Freeman, Joseph S.5906 Fenwick Ave., 12
 Friedenberg, S. Charles32 S. Hanover St., 1
 Friedlander, S. A.4023 Reisterstown Road, 15
 Frieman, Jack.....3703 Seven Mile Lane, 8

 Gaine, Jerome3505 Tulsa Rd., 7
 Gehring, J. William5620 Greenspring Ave., 9
 Geser, Alvin N.118 W. State Street, Trenton 8, N.J.
 Gilliece, Owen J.837 Frederick Ave., Catonsville, 28
 Glennan, Harry E.3102 Action Rd., 14
 Goldberg, Marvin H.2803 Waldorf Ave., 15
 Goldman, Harold K.3400 Seven Mile Lane, 8
 Goldscheider, Henry H.2511 Eutaw Place, 17
 Goldstein, Albert.....109 Addison Road, Seat Pleasant
 Goldstein, Isadore A.2404 Everton Rd., 15
 Goldstein, Paul L.4107 Ronis Road, 8
 Goldstein, Sam W.3434 Phillips Drive, 8
 Gould, Clarendon L.201 Somerset Ave., Cambridge
 Gradman, Lee H.4003 Bonner Rd., 16
 Greenberg, Paul R.5608 Belleville Ave., 7
 Grothaus, D. Benton, Jr.520 Dunkirk Rd., 12

 Haase, Charles A.6110 Marlora Rd., 12
 Hack, Morris B.7311 Park Heights Ave., Apt.-106, 8
 Hahn, William A.4915 Briar Cliff Rd., 29
 Hanks, Carleton W., Jr.221 Maryland Ave., Cumberland
 Hansen, Herman F.203 Preston Court, Apt.-B, 28
 Harrison, Boris M.32 S. Hanover St., 1
 Haskell, Miss Marian L.1712 Kurtz Ave., Lutherville
 Havranek, Mrs. Robert E.30 E. 25th St., 18
 Hayman, Thomas J.415 Forest Lane, Salisbury
 Heilman, Gerald J.1615 Cottage Lane, 4
 Heneson, Henry3021 Chelsea Terrace, 16
 Herman, Ralph2479 Shirley Ave., 15
 Hershner, John F.2017 Burnwood Rd., 14
 Hill, B. R.213 N. Charles St., 1
 Hoffman, Marta.....2902 Clifton Park Terrace, 13
 Holmes, Everett J.3318 Spaulding Avenue, 15
 Holthaus, Robert W.501 Baylor Rd., Glen Burnie
 Horwits, Leonard.....3211 Nerak Road, 15
 Hutchinson, William J.2412 Ellis Rd., 14

 Ichniowski, Casimir T.636 W. Lombard St., 1

 Jackson, Walter V.2009 Edmondson Ave., 28
 Jacobs, George3516 Maryvale Rd., 7
 Jankiewicz, Alfred M.3110 Moreland Ave., 14
 Jeppi, Samuel P.200 Witherspoon Rd., 12
 Jones, W. Bowen.....Willow Street, St. Michaels
 Jordan, John T.....2803 Erdman Avenue, 13

 Kahler, Mrs. Grace5805 Edmondson Ave., 28
 Karlin, David.....2803 W. Belvedere Avenue, 15
 Karmioli, Stanley B.....3418 Janvale Road, 7
 Keehner, Raymond3112 Juneau Place, 14
 Kelly, Robert J.713 Elizabeth Street, Easton
 Kelly, Thomas J.1339 Meridene Drive, 12
 Kenney, Fern E.....518 Bedford Street, Cumberland
 Kerr, C. RaymondEaston
 Kexel, Leroy E.2002 Northbourne Rd., 14
 Kirk, Miss Catherine E.Rising Sun

Klepfish, Milton A.3618 Blair Ave., Randallstown
 Klingaman, Claude R.124 Williams St., Bel Air
 Klotzman, Lt. Col. Robert H.2816 6th Ave., South,
 Great Falls, Montana
 Knepper, Francis C.South Lee Street, Washington Lee Apts.
 Cumberland
 Kokoski, Robert J.1218 Maiden Choice Lane, 29
 Kramer, Morris.1801 W. Lexington Street, 23
 Kratz, Frank P.1111 Newfield Rd., 7
 Kronthal, Jacob L.3409 Shelburne Road, 8
 Krusniewski, B. A.2908 Scherer Avenue, 14
 Kursvietis, Anthony J.3633 Kimble Rd., 18

Lawson, Arnold5802 Baltimore Ave., Hyattsville
 Lawson, Robert E.U. Of Md. Hospital, 1
 Leavitt, Dean E.509 Castle Drive, Apt.-E, 12
 Lee, Toon.812—6th Street, N.W., Washington 1, D.C.
 Leftin, David909 Lindellen Ave., Reisterstown
 Lehr, Clarence G.5211 Loch Raven Blvd., 12
 Lerner, Joseph H.5001 Queensberry Avenue, 15
 Levin, Irvin I.4919 Poe Avenue, 15
 Levy, Melvin6707 Chokeberry Rd., 9
 Lewis, F. Harold4504 Garrison Blvd., 15
 Lichter, Samuel.2505 Manhattan Avenue, 15
 Liss, Nathan3909 Brookhill Rd., 15
 Lisse, Allen11501 Gilsan St., Silver Spring
 Lowry, William J.5103 Edmondson Avenue, 29
 Ludwig, Andrew F.115 Rosewood Ave., Catonsville, 28

McCall, George B.2101 Kentucky Ave., 18
 McKenna, W. C.3902 Hadley Square, West, 18
 McTeague, Charles J.609 Fairway Drive, Towson, 4
 Mallonee, James J., Jr.9944 Harford Road, 34
 Meisner, Milton L.1411 "K" Street, N.W., Washington 5, D.C.
 Mendelsohn, Max L.4111-15 W. Belvedere Avenue, 15
 Mentzer, John R., Jr.1212 North 64th St., 6
 Metz, Richard A.5127 Greenwich Ave., 29
 Meyers, Albert T.4013 Barrington Rd., 7
 Meyers, Louis L.8811 Ashford Road, 34
 Michael, Lucas A.5215 Anthony Ave., 6
 Miller, George.7500 Park Drive, 14
 Miller, Irving W.3400 Edgewood Road, 15
 Miller, Israel M.5444 Narcissus Ave., 15
 Minster, Howard M.4211 Maine Avenue, 7
 Mirvis, Julius.3327 Ingleside Avenue, 15
 Morstein, Raymond M.3419 Tulsa Rd., 7
 Munzert, Leonard G.1710 Hobert St., N.W., Washington, D.C.
 Murph, Marvin E.5619 Wayne Ave., 7
 Murphy, Mrs. Marie M.Box 686, Felton, California
 Mutchnik, Melvin5804 Gist Ave., 15
 Muth, Edward S., Jr.913 Elmridge Avenue, 29
 Muth, Joseph L.207 Hollen Rd., 12
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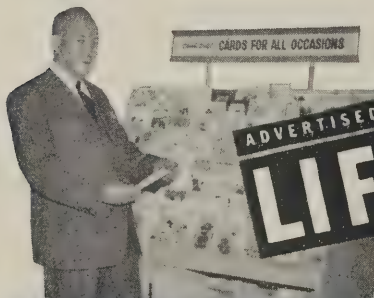


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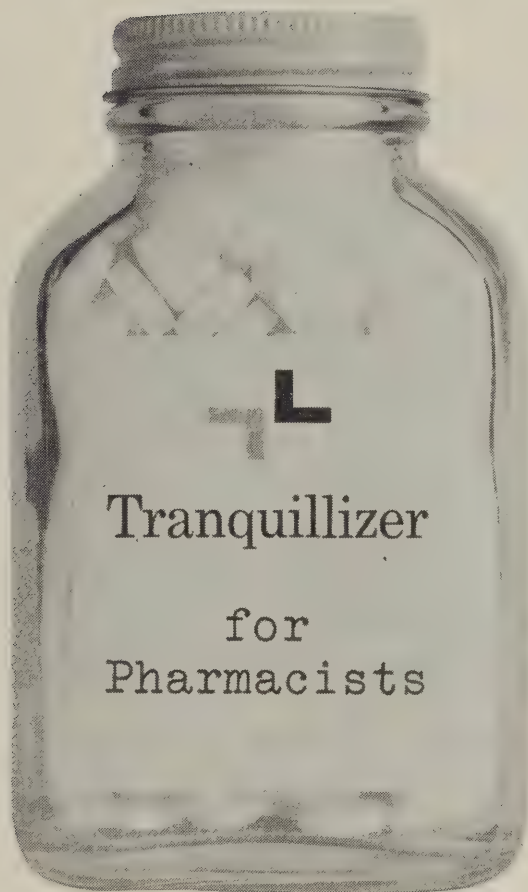


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Protecting your customers' health is your duty. Sweetheart Sanitary Wrapped Drinking Straws afford this necessary protection and your customers will show their appreciation through increased patronization. No extra charge for your "Personalized" advertising imprinted on wrappers.

*If Your Wholesaler Can't Supply You,
Write or Phone:*

MARYLAND PAPER PRODUCTS COMPANY
1100 South Eutaw Street - - - Baltimore, Md.

**crowd
pleasers
a la Lance!**



More people prefer and buy tasty Lance snacks than any other brand. And no wonder . . . they're always fresh and there's a wide variety to choose from. Please your crowd. Display Lance.

LANCE

Charlotte,
North Carolina

SERVICE

THE KEYWORD OF SUCCESS

**The Success of the Community Retail Druggist
Depends on Efficient Day-by-Day Service**

THE HOWARD DRUG & MEDICINE CO.

Provides Efficient Day-by-Day Service to the Drug Trade

We Cater to Your Daily

Drug—Pharmaceutical—Toiletry—Sundry Needs

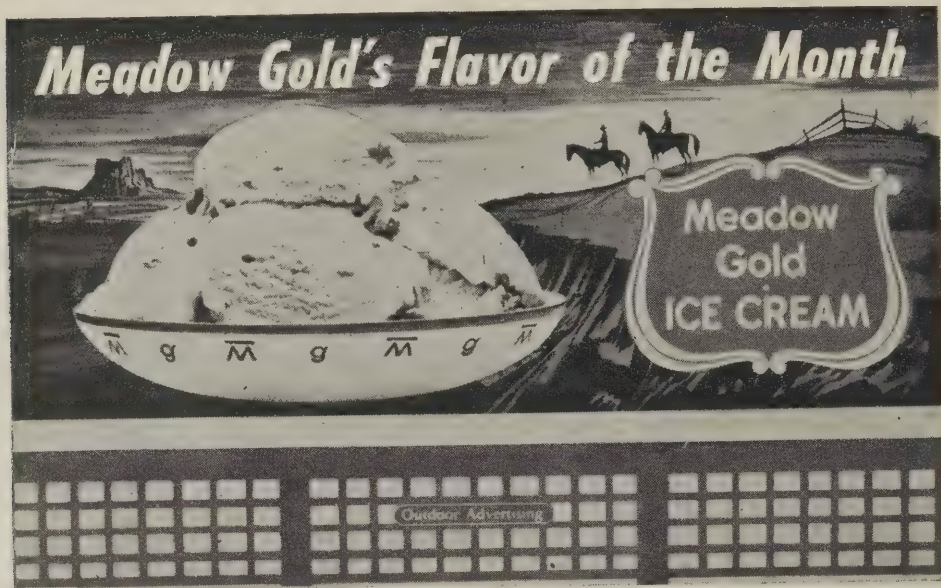
No Order To Small—No Distance Too Great

Call: PLaza 2-6290

THE HOWARD DRUG & MEDICINE CO.

101 CHEAPSIDE

BALTIMORE 2, MD.



**Now! The Greatest Outdoor Advertising
Campaign in MEADOW GOLD History!**

50 BILLBOARDS

**Strategically located all over town
featuring the "Flavor of The Month",
month after month for a full year!**



**Tie-in with this great promotion!
Feature the MEADOW GOLD "Flavor of
The Month" and CASH-IN with bigger sales!**

MODERNIZE AND MERCHANDISE YOUR FOUNTAIN



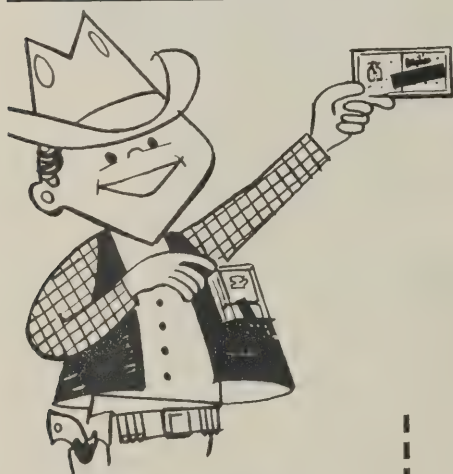
WITH

THE DOLE *Citation*

- * Handsomely custom-styled by world-famous designer Clare Hodgman.
- * The proud culmination of 25 years of engineering development by the Dole Valve Company.
- * Injection-molded of sleek, durable, long-life plastic.

- * A precision money-maker for your fountain, to guard your quality and insure your profit on the most asked-for soft drink you sell!

Modernize . . . glamorize . . . merchandise your fountain in one easy move: see your favorite wholesaler (or the representative for Coca-Cola who calls on you) for the profitable details on the new Dole Citation dispenser.



Austin's®

Peanut Butter Sandwiches
Cookies & Snack Varieties

meet TAKE-ALONG Hassidy, pardner

This drug store cowboy is one reason your Austin stocks sell out so fast. Folks take along a package or two — back to the office, or for the trip in the car. A husky supply of Austin varieties pays off in fast turnover, repeat business, more profit! (Customer satisfaction, too.)



Austin's
Box 1936
Balto. 3, Md.

MORE YEARS OF SERVICE

SERVING THE PHARMACIST LONGER THAN ANY
OTHER DRUG WHOLESALER—
124 YEARS OF CONTINUED SERVICE
ESTABLISHED 1837

MORE HOURS OF SERVICE

SERVICE 7 DAYS A WEEK—24 HOURS A DAY—
ON WEEKENDS OR AFTER 5 P.M. DAILY PLACE
YOUR ORDER WITH OUR ELECTRONIC SECRETARY

MUTH BROTHERS & CO.

PLaza 2-0480

Sealtest

TRADE MARK

ICE CREAM Brought Him in ...

Look What He's
Carrying Out!



It happens all the time. A customer sees your Sealtest sign. Comes in. Buys a pint or half-gallon of Sealtest Ice Cream — then, notices and buys all sorts of other things.

This happens because people *look* for Sealtest. They prefer the quality. They remember local and national advertising. And, they just have to try the latest *special* flavor.

It can happen for *you*, too — the way Sealtest Ice Cream builds traffic and boosts profits . . . for many departments. So, sell and display Sealtest for fountain and carry-out customers. You'll find that it's good business in *many* ways.

* * * * *

And be sure to Feature this Special Flavor

BANANA NUT FUDGE

for your Fountain and Take-Home Customers!



NOW YOU CAN SERVE HOT IN-FRA-RED TOASTED SANDWICHES WITHOUT EQUIPMENT OR LABOR COST!



A NEW NATIONAL SERVICE, Stewart In-Fra-Red, Inc., will provide you with a Stewart In-Fra-Red cookery and fresh cellophane wrapped sandwiches delivered regularly to your store. Placed in the cookery, the sandwiches are toasted in three minutes by modern efficient in-fra-red cooking. You serve the sandwiches to your customers sanitarily wrapped in cellophane.

WHAT DOES THIS COST YOU . . . NOTHING . . . not one penny for equipment, lease, or hidden charges. All you do is purchase a minimum of sandwiches each week. Your Stewart In-Fra-Red Commissary furnishes you with the attractive Stewart In-Fra-Red Cookery and delivers fresh sandwiches of choice ingredients made with the complete approval of your Board of Health. Attractive menu signs also furnished.

THE NEW IDEA . . . originated by Stewart In-Fra-Red, Inc., . . . is in over 15,000 fountain and food service concerns in cities from coast to coast. Every Stewart In-Fra-Red Commissary is an established local business. You may consult your Chamber of Commerce, Dun and Bradstreet, and Better Business Bureau.

Call or write for a free demonstration:

Stewart In-Fra-Red Commissary

360 SOUTH DUKELAND STREET

BALTIMORE 23, MARYLAND

CEnter 3-9110

WANTED!

What are the services wanted from your Wholesaler?

(Please check)

- _____ 1. Largest inventories in entire trading area?
- _____ 2. Fast Service? Orders filled same day received?
- _____ 3. Liberal Terms? 40 days from start of billing?
- _____ 4. More Lines? Broad coverage in all fields?
- _____ 5. Liberal Cash Discount? 2% PLUS trade discounts?
- _____ 6. Merchandising Counsel? New items, extra profit deals and inventory control?
- _____ 7. Free Daily Delivery? As many as 5 per week?
- _____ 8. Store Modernization? Advice and layouts no charge?
- _____ 9. New Fixtures? New Store? Experts at no cost?
- _____ 10. Complete Professional Management Service? Bulletins to Physicians?
- _____ 11. New Product Department Information? Automatic Shipment? Guaranteed Sale?
- _____ 12. Retirement Plan for your Future? With no charges for investment and administration?

If your answers to these questions are "YES!", you will realize continuing benefits from the services of

SMITH KLINE & FRENCH INC.

America's Foremost Service Wholesaler

PHILADELPHIA

TRENTON

WILMINGTON



If all vitamin products were alike, Betty Miles would be out of a job.

Betty Miles is an inspector in the Upjohn Soft Elastic Capsule Department. Her job is to examine Unicap* vitamins for "leakers."

She does this under "black light" because this puts a fluorescent "spotlight" on leaks so slight as to be invisible to the naked eye under ordinary light.

In view of the fact that an imperfect seal occurs on an average of only once in every 3,000 Unicap capsules produced, it could be argued that this inspection is scarcely worth the trouble. But we believe that *all* the several hundred safeguards used to guarantee the uncompromising quality of Unicaps are important.

And we believe that you will agree that this is important to you and your customers, too.

Unicap

Medicine . . .
designed for health . . .
produced with care.

Upjohn

75th year

* TRADEMARK REG. U. S. PAT. OFF.
COPYRIGHT 1961, THE UPJOHN COMPANY

The Upjohn Company, Kalamazoo, Michigan

**SODA FOUNTAINS & FOOD SERVICE EQUIPMENT
AND SUPPLIES**

TAFT, WARREN & TAFT, Inc.

ESTABLISHED 1909

122-124 South Street • Baltimore 2, Md.

Phone PLaza 2-2207

Exclusive Distributors For

BLACKMAN'S FRUITS & SYRUPS

"America's Finest"

"If it's for your Soda Fountain—we have it"

IMPORTANT ANNOUNCEMENT:

Product names
for Pfizer broad-spectrum antibiotics
have been **simplified**

the name now is simply... **Terramycin®**

OXYTETRACYCLINE WITH GLUCOSAMINE

formerly named

Cosa-Terramycin® Capsules
Cosa-Terrabon® Oral Suspension
Cosa-Terrabon Pediatric Drops

and simpler names for these Terramycin-containing formulations:

Cosa-Terrastatin® Capsules
Cosa-Terrastatin for Oral Suspension
Cosa-Terracydin® Capsules

now named

Terramycin® Capsules*
Terramycin Syrup
Terramycin Pediatric Drops

Terrastatin® Capsules
Terrastatin for Oral Suspension
Terracydin® Capsules

the name now is simply... **Tetracyn®**

TETRACYCLINE WITH GLUCOSAMINE

formerly named

Cosa-Tetracyn® Capsules
Cosa-Tetrabon® Oral Suspension
Cosa-Tetrabon Pediatric Drops

and simpler names for these Tetracyn-containing formulations:

Cosa-Tetrastatin® Capsules
Cosa-Tetrastatin for Oral Suspension
Cosa-Tetracydin® Capsules

now named

Tetracyn® Capsules*
Tetracyn Syrup
Tetracyn Pediatric Drops

Tetrastatin® Capsules
Tetrastatin for Oral Suspension
Tetracydin® Capsules

the name now is simply... **Signemycin®**

TETRACYCLINE WITH GLUCOSAMINE-TRIACETYLOLEANDOMYCIN

formerly named

Cosa-Signemycin® Capsules
Cosa-Signebon® Oral Suspension
Cosa-Signebon Pediatric Drops

now named

Signemycin® Capsules
Signemycin Syrup
Signemycin Pediatric Drops

*Terramycin and Tetracyn Capsules without glucosamine are no longer available.

**The TIP...TOBACCO and TASTE
your customers want...in the
new, smart, small cigar!**

- Flexible TIP on each cigar—for cool, comfortable smoking enjoyment!
- TOBACCOS...carefully chosen, carefully blended for air-light smoking pleasure!
- A TASTE that's smooth and satisfying every time!

MURIEL *Air-Tips*

It's the light cigar THAT KEEPS a cool head!

Daniel Loughran Company, Inc.

DISTRIBUTORS

Baltimore — Hagerstown — Washington

The Silver Lining . . .

The wise dealer who stocks either Abbotts or Jane Logan deluxe ice cream in his store finds his cash register drawer always lined—and filled—with silver coins of the realm. And, remember, green bills from silver coins do grow!

Give us a call . . . but only if you want your profit figures in crisp, crunchy green bills! . . .

CENter 3-4000



ABBOTTS DAIRIES, INC.
45 S. Catherine St.

Robins

OCTOBER CHECK LIST

Tear out for a handy check of your current stock of these Robins products that are receiving special promotion in your area THIS MONTH

Robanul™ **NEW**

☐ Tab. 100's ☐ Tab. 500's

Robanul™-PH **NEW**

☐ Tab. 100's ☐ Tab. 500's

Dimetapp®
Extentabs®

☐ Extentab 100's ☐ Extentab 500's

Dimetane®
Expectorant

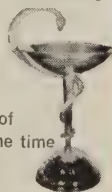
☐ 16 oz. ☐ Gal.

Dimetane®
Expectorant-DC

☐ 16 oz. ☐ Gal.

Why not check your stock of all Robins products at the same time —and be prepared

A. H. ROBINS CO., INC., RICHMOND 20, VA.



F. A. DAVIS & SONS, INC.

**MERCHANDISE YOUR CIGAR DEPARTMENT
WITH THESE NATIONALLY KNOWN BRANDS**

CIGARS

Anthony & Cleopatra	Phillies	Roi-Tan
LaCorona	Webster	Florida Queen
Bering	Optimo	John Ruskin
Bock	Royalist	Lord Clinton

PIPES

Kaywoodie	Yello-Bole	Medico
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LIGHTERS

Ronson	Zippo	Rogers
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FAMOUS SUNDRY LINES

Timex	Kodak	Scripto	Amity
Telechron	Polaroid	Paper Mate	Thermos
Westclox	Sylvania	Parker	Nylons

EVAN'S Sundae Toppings and Syrups

SCHRAFFT'S CANDY

Ask about our "NEW DAY CIGAR STAND" plan

119 SOUTH HOWARD STREET

Baltimore 1, Maryland

MU lberry 5-8240

Stat line

Someone once said of Lincoln: "He was like all of us ... grown a little taller." The measure of a company — as the measure of a man — rests on the stature gained from the growth of **ideas** and the solid results of **accomplishment**. In 1926 we pioneered the policy of "drugstore only" sales. We believe that as a result of maintaining this policy, we have "...grown a little taller." **YOUNGS RUBBER CORPORATION.**

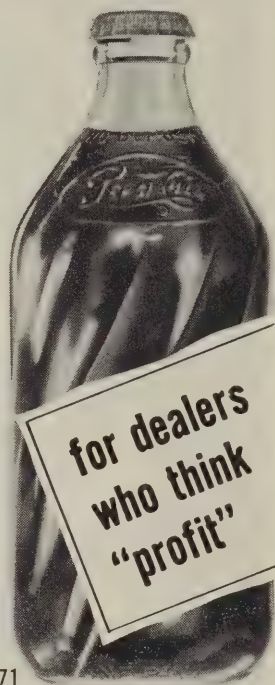


TROJANS • GUARDIAN • NATURALAMB • ATHA-SPRAY • ATHA-POWDER

now it's Pepsi

In no-deposit no-return half-quarts

Pepsi is also
available in cartons
of six 12-oz.
bottles and the
large family size.
Returnable bottles.



Bottled by PEPSI-COLA Bottling Co. of Baltimore • LE. 9-7171

UNDER APPOINTMENT FROM PEPSI-COLA CO. NEW YORK, N. Y.

SCHRAFFT'S CHOCOLATES

Feature the candy that creates quick turnover and repeat business. Profit by the ever-growing demand for Schrafft's —recognized by candy-lovers everywhere as supreme in quality and flavor.

It pays to promote Schrafft's Chocolates!

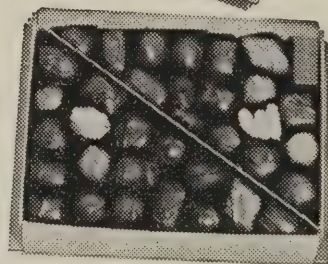
Distributed By

ALLEN, SON & CO., INC.

Phone CEnter 3-1300

25 South Warwick Avenue

Baltimore 23, Md.



Headquarters for

HOOVEN LETTERS
 ROBOTYPED LETTERS
 LYKA TYPED LETTERS
 MONOCAST LETTERS
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call

MULberry 5-3232, 33, 34
 SARatoga 7-5172, 73

D. Stuart Webb
 ADVERTISING SERVICES, INC.

306 N. GAY STREET
 Baltimore 2, Maryland

**SPOTLIGHT
 PRODUCT OF
 THE MONTH**

Dual Filter Tareytons

Featured in all BMPA Stores

WITH

Dial 123 Live Radio

8 GOOD REASONS

Why You should Buy Your Pharmaceutical Needs from

NATIONAL

- 1 — Highest Quality
- 2 — Quick Service
- 3 — Right Prices
- 4 — No Freight Problems
- 5 — No Minimum Order Required
(Greater Baltimore and Washington)
- 6 — Free Advice on Private Formulae
Packaging and Labeling Problems
- 7 — 100% Support to Local and State
Organizations
- 8 — WE WANT YOUR BUSINESS!

Call Lou Rockman FO. 7-6416

Bernie Ulman VA. 3-9135

NATIONAL PHARMACEUTICAL MFG. CO.

Manufacturers of Fine Pharmaceuticals for over 42 years

314 LIGHT STREET

BALTIMORE 2, MD.

MULberry 5-4065

**Maryland's Largest Independent Photofinishing
Laboratory Equipped to Handle all Color and
Black and White Photofinishing**

(OUR LAB. TECHNICIANS TRAINED AT ROCHESTER)

24 Hours
Black & White
Service



48 Hours
Kodacolor &
Kodachrome
Processing

PICK UP AND DELIVERY 6 DAYS A WEEK

Finer • Faster • Friendlier and More Profitable

WE CATER TO THE DRUG TRADE

5408 PARK HEIGHTS AVE.

FOREST 7-8385

AQUAPAC selected skins

—only the primes are processed.

Not just wet—but also lubricated and rolled

Lowest cost—greatest percentage of profit

Professionally promoted—presold

Unconditionally Guaranteed!

SELL ON OPEN CALL.

Retail \$6.50 dozen—3 for \$1.75

American Hygienic Co.

111 S. Paca Street, Baltimore, 1, Maryland

Represented by—IRV. NORWITZ

Did you know that we are the co-agents on your Association Group Plan and that we were largely responsible for developing it through the American Health Corporation.

GREENE & ABRAHAMS CO., INC.

E. A. ROSSMANN, President

225 E. REDWOOD STREET

Baltimore 2, Maryland

LExington 9-8834

McDOWELL, PYLE & CO., INC.

(Est. 1892)

Exclusive Distributor of



"THE CANDY OF EXCELLENCE"

NATIONALLY ADVERTISED

LExington 9-4987, 9-4988, 9-4989

221-23 W. PRATT ST.

BALTIMORE 1, MD.

SPOTLIGHT PRODUCT OF THE MONTH

Q TIPS

Featured in all BMPA Stores

WITH

Dial 123 Live Radio

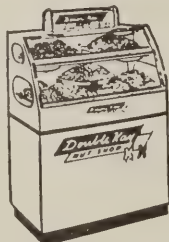
"Over 55 Years Service To Baltimore Druggists"

Trojans
Guardians
Lambskins-Wet
Dr. West's Toothbrushes
Davol Rubber Goods
Ace Hard Rubber Combs
Ajax Hard Rubber Combs
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Camp Stationery
Lacross Manicure Implements
Millers Forge Manicure Implements
Jones Enamelware
Gillette, Gem, Razors and Blades
Schick Blades and Razors
Eaton High Grade Stationery
Becton Dickinson Products
Kotex, Kleenex, Modess, Yes
Tampax
Doeskin Products
Foster Forbes Glassware
American Thermos Bottles
Sheiks-Ramses

Miller Drug Sundry Co.
105 W. Redwood Street
Baltimore 1, Maryland

WORLD'S FINEST SALTED NUTS

Fresh From Our



The leading drug store owners in your state will tell you the Double Kay Nut Shop is producing more sales and profits than any item in the drug store occupying similar space.

IF — you have a clean, first-class drug store, let us reserve a Nut Shop for you.

THE KELLING NUT CO.

2800 W. Belmont Ave.

Chicago 18, Illinois

NO ONE

Ever Outgrows the Need for

MILK

GET THE BEST GET



MU lberry 5-3800

Fast Movers in your Cigar Department

Quality tobacco, competitive prices and smoker preference by a generation of Marylanders make these famous brands belong on display in your cigar department.

**Uncle Willie
Cigars**

**Monument Square
Cigars**

**Monument Square
Filter Cigars**

For a new experience with quick moving, fresher and preferred cigars . . . in boxes and five packs, call today.

THE SCHAFFER - PFAFF CIGAR COMPANY

630 S. WOLFE STREET — BALTIMORE

Insects -- Termites -- Rodents

"Call The  Rose Man"

SARATOGA 7-6118



NEW!

foil-sealed

Alka-Seltzer®

BRAND

12's



- 12 foil-wrapped tablets per pkg. Handy for pocket, purse, travel.
- Heavy advertising support on 11 network TV shows starting August 14th.
- Already successfully tested and sold in over 24 major markets.

ORDER COUNTER DISPLAY UNIT #4042

CONTAINS:

2 Doz. Pkgs. Alka-Seltzer 12's. List Price.....\$9.60
(less your regular discounts)

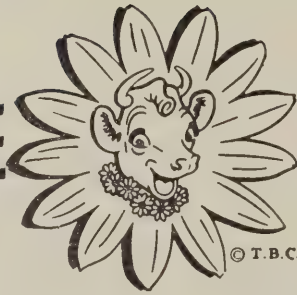
Retail Value.....\$11.76
(at 49c F. T. or suggested minimum retail price*)

Packed One Unit per Shipping Case

*Suggested and Fair Trade prices only in those states where such are authorized by law.



MILES PRODUCTS **M** Division of Miles Laboratories, Inc.
Elkhart, Indiana




Elsie is an excellent example of “perpetual motion.” She devotes every minute of her time to stimulating sales of ice cream for Borden dealers. And she does a mighty fine job of it, too.

Borden's
ICE CREAM

ORleans 5-0171

For restoring
and stabilizing
the intestinal
flora

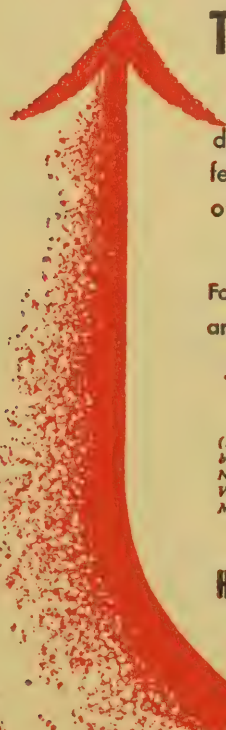


LACTINEX[®]

Mixed culture of Lactobacillus acidophilus and bulgaricus with metabolic enzymes naturally produced.

TABLETS & GRANULES

For gastrointestinal disturbances,
diarrhea (antibiotic induced and others),^{1,2,3}
fever blisters and canker sores of herpetic
origin.⁴



Usual dosage for adults and children:
Four tablets or one packet of granules chewed
and swallowed four times a day.

*Supplied: Tablets in bottles of fifty—Granules in
boxes of twelve one gram packets.*

(1) Siver, Robert H.: *Current Medical Digest*, Vol. XXI, No. 9, September 1954. (2) McGivney, John: *Texas State Journal of Medicine*, Vol. 51, No. 1, January 1955. (3) Frykman, Howard M.: *Minnesota Medicine*, Vol. 38, No. 1, January 1955. (4) Weekes, D. J.: *N. Y. State Journal of Medicine*, Vol. 58, No. 16, August 1958.

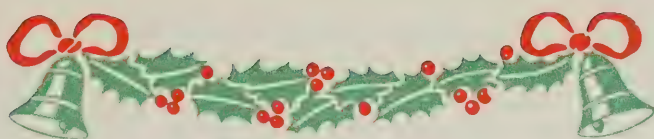
HYNSON, WESTCOTT & DUNNING, INC.
Baltimore, Md.



At Hendlers—
Good
Old-Fashioned
Ice Cream
*says what
it means
and means
what it
says.*



*First name in ice cream
for over a half-century*



"Season's Greetings"

All Best Wishes
for a
Merry Christmas
and
A Happy New Year

The Maryland Pharmacist

PRACTICAL

• PROGRESSIVE •

PROFESSIONAL

VOLUME XXXVII

NOVEMBER, 1961

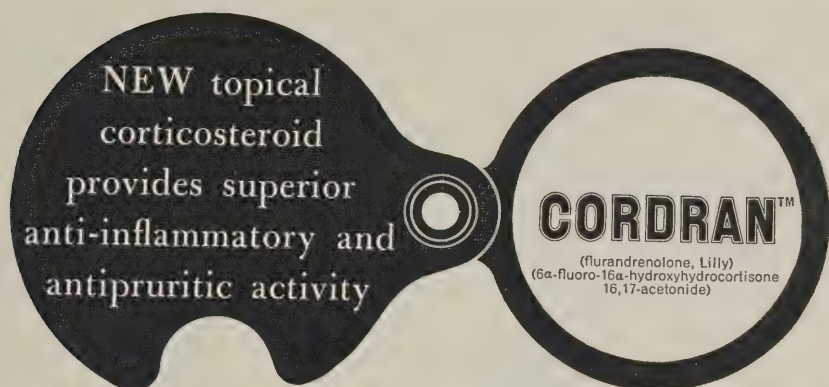
No. 2



At this joyous time of year when good friends like to get together—to exchange warm greetings—we, the people at Noxzema, would like to wish our friends, the druggists of Maryland, an especially

Merry Christmas...
and a *Happy New Year*

NOXZEMA CHEMICAL COMPANY
BALTIMORE 11, MARYLAND



... and to combat infection **CORDRAN-N**
(flurandrenolone with neomycin sulfate, Lilly)

To provide greater flexibility in usage, Cordran and Cordran-N are available in both a cosmetically acceptable vanishing cream and a hydrophilic ointment base.

Description: Cordran cream and ointment are new corticosteroid preparations for topical use. Each Gm. contains 0.5 mg. Cordran.

Cordran-N cream and ointment combine Cordran and a safe, effective wide-spectrum antibiotic, neomycin. Each Gm. contains 0.5 mg. Cordran and 5 mg. neomycin sulfate (equivalent to 3.5 mg. base).

The cream base is composed of stearic acid, cetyl alcohol, liquid petrolatum, polyoxyl 40 stearate, ethyl parahydroxybenzoate, glycerin, and purified water. The ointment base is composed of white beeswax, cetyl alcohol, sorbitan sesquioleate, and white petrolatum.

Side-Effects: No side-effects have been reported to date from the use of either the cream or ointment forms of Cordran and Cordran-N.

Contraindications and Precautions: Cordran and Cordran-N should not be used in the presence of tuberculosis of the skin, nor should they be used in the eyes.

If secondary bacterial infections of the skin are present prior to the use of Cordran, they should be treated also with appropriate anti-infective measures. If the infection present before the application of Cordran or Cordran-N, or developing during its use, does not respond promptly, discontinue the preparation until the infection has been adequately controlled.

Patients with superficial fungus or yeast infections should be treated with additional appropriate methods and must be under constant medical observation.

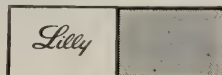
Although sensitivity has not been reported, a few individuals may be sensitive to these preparations. If any reaction indicating sensitivity is observed, discontinue the use of the product. If a patient has a proved idiosyncrasy to neomycin, another antibiotic may be used along with Cordran.

Since use of antibiotic agents may cause overgrowth of nonsusceptible organisms, constant observation of the patient is essential.

Administration and Dosage: Cream—For moist, weeping lesions. Rub a small quantity of cream gently into the affected areas two or three times daily. Vigorous application is not necessary and may damage the skin.

Ointment—For dry, scaly lesions. Apply a small quantity of ointment as a thin film to the affected areas two or three times daily.

How Supplied: All product forms are supplied in 7.5 and 15-Gm. tubes.



It pays to stock the fast-moving COMBEX line. COMBEX KAPSEALS®—bottles of 100, 500, 1,000, and packages of 5,000, for increased requirements of B-complex factors. COMBEX WITH VITAMIN C KAPSEALS—bottles of 100, 500, 1,000; and packages of 5,000, for combined B-complex and C deficiencies. THERA-COMBEX® KAPSEALS—bottles of 100 and 1,000, to supply higher-potency B-complex and C. TAKA-COMBEX® KAPSEALS—bottles of 100 and 1,000, aid starch digestion—provide B-complex vitamins. TAKA-COMBEX ELIXIR—16-fluidounce bottles, for convenience of administration in the young and elderly.

PARKE-DAVIS
50351 PARKE, DAVIS & COMPANY, Detroit 22, Michigan

busy
B's of the
vitamin
counter
Combex®

the name doctors
remember for
B-complex products
of assured
quality

The image displays five bottles of Parke-Davis Combex products. From left to right: a bottle of Kapsels TAKA-COMBEX (100 capsules, No. 349), a bottle of Kapsels COMBEX (100 capsules, No. 343), a bottle of Kapsels THERA-COMBEX (100 capsules, No. 323), a large bottle of Elixir TAKA-COMBEX (16 fl. oz., No. 273), and a bottle of Kapsels COMBEX WITH VITAMIN C (100 capsules, No. 303). Each bottle has a white label with black text and a Parke-Davis logo at the bottom.

The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

VOLUME XXXVII

NOVEMBER, 1961

No. 2

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... Editorial ...

PRACTICE OF PHARMACY UNDER ASSAULT

There is no question that the practice of pharmacy as we have known it is under massive all-out assault. The atom-bombs of supermarket invasion of health and beauty needs traditionally in the realm of pharmacy has been progressing rapidly for sometime. Then the hydrogen-bombs of mail-order prescription plans descended. Today we are subjected to the hundred megaton bombs of discount prescription operations.

Now all the fruits of neglect of the basic facts of pharmaceutical life are being harvested.

No one for sure can give all the answers. But as immediate first aid measures in these critical times in both the professional and economic life of pharmacy we must concern ourselves with what we can do alone as individuals and what we can do together as a group united against a common threat.

Individually, each pharmacist must strive more than ever to enhance his **personal professional image** and the **professional image of his own pharmacy**. He must extend himself to give **personal** service to his clientele—to demonstrate that the community pharmacy is the ideal source for pharmaceutical services, health and beauty needs; and that the community pharmacist is the expert best qualified to counsel about drugs and vitamins.

Collectively, we can join together in support of local, state and national pharmaceutical organizations that are working to properly represent pharmacists and to fight for the best interests of both the public health and the profession of pharmacy.

Pharmacy has been losing its battles because its forces have been thin —

emaciated by lack of 100% support—dragged down by free-loaders, who do not carry their share of the burden—weakened by those who wish to receive without being willing to contribute and to sacrifice for both their own and the common good.

Now — or never — is the time for pharmacists to unite and to provide 100% membership to their associations and 100% support for funds established to work for their benefit. Only through the sacrifice of men willing to devote their time, energies and the necessary finances, will pharmacy have the resources to provide the organizational strength for sufficient funds and qualified personnel to plan, to work, to fight and win the battles for professional and economic survival.

CORRESPONDENCE

Editor, The Maryland Pharmacist

Dear Sir:

Could you please help me locate some jars of the original formula MELLIN FOOD, made by the Mellin Co. of Boston? It comes in 10 oz. jars with a plain brown wrapper and label.

It is urgently needed for my 76 year old mother who is ill and on a limited diet. We have found a number still in stock.

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Thank you for your help.

Sincerely,

M. R. KURTZ
Box 6637, College Station
Durham, North Carolina

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We Greet You*

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which gives us the opportunity
to wish our friends, old and new,
a most Happy Holiday and
a Prosperous New Year.

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PRESIDENT'S MESSAGE

Dear Fellow Pharmacist:

The Secretary Selection Committee and the Executive Committee have completed the careful and painstaking process of selecting the man for the important office of Executive Secretary for our Association and this issue of **The Maryland Pharmacist** is the first under his editorship.

Nathan Gruz, the new secretary, proved to have the qualifications required and met the approval of the state association as its executive secretary and the Baltimore Metropolitan Pharmaceutical Association as its secretary.

We have a man that has met the requirements of both the State and Metropolitan associations. He has had a year and half experience in association work. He has been a retail pharmacist. He has a keen intellect and an astute awareness of the problems of Pharmacy in general and the office of secretary in particular. He has kept abreast and informed by continual participation in association work.

But most of all is the high opinion he holds of the office of secretary. He brings to it good character, and reliability. He has only to provide the initiative and leadership. This, I am sure, he will do. Good luck and many years of happiness in your new position, Nathan Gruz.

Sincerely,

NORMAN J. LEVIN
President

Season's Greetings

From the Officers of

The Maryland Pharmaceutical Association

NORMAN J. LEVIN, President

NOEL

Do "good guys finish last" as someone once said? We hardly think so. Even in the face of current world tensions, the thinking world still looks forward to "peace on earth, good will toward men." It may take some time and some doing, but isn't this true of anything worthwhile? In the end—in life as in business—*veritas praevallet*, the truth prevails. Seasons Greetings. **YOUNGS RUBBER CORPORATION.**



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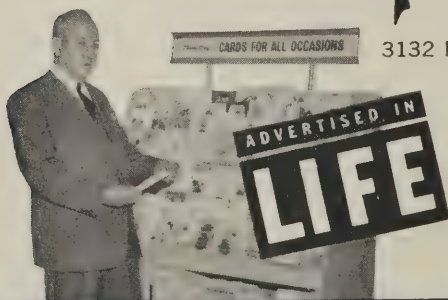


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Secretary's Script . . .

A Message from the Executive Secretary

In this first message as your new Executive Secretary and Editor of The Maryland Pharmacist, I would like first to express my appreciation of the honor and privilege bestowed upon me. The Maryland Pharmaceutical Association has a long and honored place in the history of American pharmacy. These offices have been held by such incomparable giants as E. F. Kelly and Robert L. Swain, who starting from within our own precincts attained the pinnacles of recognition in the world of pharmacy. All my predecessors who have held these positions have left a legacy of high standards of accomplishment, which a newcomer can approach only with respect, humility and the resolve to emulate.

Second, the membership is entitled to know the philosophy which will motivate their Executive Secretary. In brief, my approach to the profession of pharmacy and to the position which I am now honored to hold is:

Pharmacy is an honorable profession devoted primarily to making readily available the most effective medication for all humanity and thereby deserving an undisputed position as integral member of the modern medical care team. The Maryland Pharmaceutical Association is the professional society of all pharmacists in the State of Maryland. Only through the voluntary banding together of all pharmacists, as well as those allied with the profession, can both the interests of public health and the requirements of a noble calling be welded together. Only through united organizational efforts can pharmacy secure its rightful position as a professional performing an indispensable service in an economy in which changes are occurring at a revolutionary rather than at an evolutionary pace.

As the executive officer of the Association, my resolve is to mobilize the resources of all segments of pharmacy—retail, wholesale, manufacturing, hospital, academic, law-enforcement, and any other—in order to advance the interests of pharmacy as a profession and to strengthen its economic foundations against increasing assaults.

In order to progress we must have new ideas, and I therefore openly invite you to participate, to make suggestions and constructive criticism for the mutual good of all.

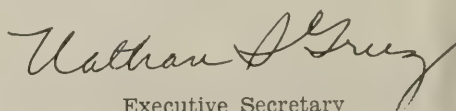
The office of the Association will at all times strive to provide within its capabilities the services and assistance which the membership requires.

At this time the practice of pharmacy in the United States as a profession is in the most critical stage of its history. Its future—its fate—is being decided right now by the nature of our actions, as individual pharmacists and by the quality of leadership our pharmaceutical organizations can provide.

If there are honest differences among us, they can surely be resolved in a spirit of mutual goodwill. The ties of common self interest that unite all of us in the world of pharmacy far outweigh the minor, sometimes trivial differences, which sometimes have become magnified out of proportion and have given comfort to the enemies of pharmacy.

I look forward to working together with all of you in a spirit of cooperation, understanding and goodwill.

Sincerely,


Executive Secretary



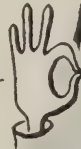
CASE HISTORY

PATIENT: A. Pharmacist

HISTORY: Chronic anxiety caused by fear he is losing extra store traffic, sales and profits by not following the lead of other profit-minded pharmacists in selling National Express Company Money Orders. Suffers from frustration at not adding to his earnings when no cash outlay or expense is involved.
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ORDERS**

... Fair Trade News ...

MAJOR ELECTRICAL APPLIANCES SWING TO FAIR TRADE IN METROPOLITAN AREA

A swing to fair trade on major electrical appliances in the Metropolitan New York area indicates that fair trade is "very, very much alive," according to Maurice Mermey, Director of the Bureau of Education on Fair Trade.

General Electric's sales and distribution department will fair trade home laundry equipment, dishwashers and color television in New York, while Westinghouse Appliance Sales has instituted a fair trade program for selected major appliances, television, and stereophonic phonographs in New York and New Jersey.

This turn to fair trade is believed to reflect marketing conditions prevailing in the New York area, where retailers are losing interest in the profitless selling of branded products.

Similar conditions exist in other localities and in other fields. In Philadelphia, Raymond Rosen Co., Inc., distributors for the Radio Corporation of America, and Peirce-Phelps, Inc., distributors for Zenith, are reported ready to fair trade color television in that market area. The Andrea Radio Corp., for its television franchise dealers in New Jersey, and the L&P Electric Co., for Fedders room air conditioners in New York, are two other appliance manufacturers who have lately decided to fair trade.

"It is interesting that manufacturers and distributors are taking definite action to protect by lawful price maintenance their business and distribution systems," Mr. Mermey stated. "Fair trade is price maintenance — resale price maintenance. Under fair trade, a manufacturer may establish a one-price system for his branded product — one price to every consumer. In its biggest year, fair trade accounted for some \$20

billions of retail sales in the United States.

"But the principle and practice of fair trade is reflected in a second lawful form of price maintenance—direct price maintenance — under which a manufacturer may also establish a one-price system for his branded product. Direct price maintenance—through consignment selling, manufacturer-owned retail outlets, house-to-house selling and private brands of giant retailers—accounts for some \$30 billions of retail sales per year."

Another source of good news for fair trade supporters was the U. S. Supreme Court which last week refused to review a Virginia Supreme Court decision upholding the state's new fair trade law. The crux of the constitutional challenge in a test case was the "contract-by-notice" provision in the Virginia law. This provision is virtually the same as the provision in the Humphrey Fair Competitive Practices Bill (S.1722), now pending in the U.S. Senate, and the Harris Fair Competitive Practices Bill (H.R.7685) now in the House of Representatives. The Supreme Court said in its "per curiam" order that it was dismissing the appeal "for want of substantial federal question."

FAIR TRADE ACTION AND SAV-MOR DRUGS

Save-Mor Drugs, Wheaton, Inc., and Save - Mor Drugs, Bethesda, Inc., defendants in a fair trade suit brought by J. B. Williams Co., Inc., have consented to a charge of civil contempt at a hearing before Judge R. Dorn Watkins in Federal Court.

But defendants, who also do business as Ritchie Highway Farmers Market, were found not guilty on a charge of criminal contempt also included in the action brought by Williams Co.

Judge Watkins issued a permanent injunction against defendants last April restraining defendants from selling plaintiff's products below fair trade prices. Defendants had consented to the decree.

Drug News Weekly—11-15-61

FAIR TRADE STICKER NOTICES

JOHNSON & JOHNSON

Item	F.T.M.
Baby Powder - Small .....	.21
Baby Powder - Medium .....	.37
Baby Powder - Large .....	.65
Baby Powder - Economy .....	.79
Baby Cream - Small .....	.37
Baby Cream - Medium .....	.59
Baby Lotion - Small37
Baby Lotion - Medium59
Baby Oil - Small37
Baby Oil - Medium59
Baby Soap23

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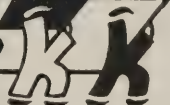
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F. S. BALASSONE, B.S.
Secretary

301 WEST PRESTON STREET
BALTIMORE 1, MARYLAND

DRUG STORE CHANGES

The following are changes for the month of October.

New

Presbyterian Eye, Ear & Throat Charity Hospital, E. W. Nollau, Pharm., 1017 E. Baltimore Street, Baltimore 2, Maryland.

Metro Drug Store, Harold M. & Leo Goldfeder, Props., Routes 301 and 5, Waldorf, Maryland.

Stella Maris Hospice, Inc., Mrs. Marlene E. Linton, Pharm., Dulaney Valley Road, Towson, 4, Maryland.

Read Drug & Chemical Company, 53 Baltimore-Annapolis Blvd., Severna Park, Maryland.

A. W. Braden, Braden's Professional Pharmacy, 1106 Spring Street, Silver Spring, Maryland.

Change of Ownership

Falls Road Pharmacy, Howard E. Mandel, Prop., 4032 Falls Road, Baltimore 11, Maryland, Formerly: David Weiner, Prop.

Rutkowski's Pharmacy, Mrs. Dorothy E. Rutkowski & Marvin L. Oed, 743 Conkling Street, Baltimore 24, Maryland, Formerly: Mrs. Dorothy E. Rutkowski.

John M. Murphy, Jr. & Loretta B. Murphy, Partners, Porterfield's Drug Store, 38 N. Main Street, Hampstead Maryland. Formerly: Raymond S. & Robert E. Porterfield, Partners, Porterfield's Drug Store.

Change of Address

Jacob B. Levin, Liberty Pharmacy, 6025 Liberty Road, Baltimore 7, Maryland. Formerly located at: 5910 Liberty Road.

Change of Name and To Corporation

Model Drug Stores, Inc., Nathan Cohen, Pres., 1828 E. Baltimore Street Baltimore 31, Maryland. Formerly: Floor Model Drug Store, Nathan Cohen, Prop

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Stock, push, sell Resinol Greaseless. Your customers will appreciate the benefits of this fine new product. Alert your clerks to Resinol Greaseless, place it on your "want list" today. Retailers for \$.75 and at full list price, your minimum profit will be 33 1/3%. Regular Resinol Ointment, packaged in the white opal jar, contains lanolin. It is suggested specially for dry skin.

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brand-name products for their patients. They know that Lederle goes far beyond the “official” requirements to produce only the finest. The next time customers ask about the “difference in drugs” why not tell them of your personal and professional trust in the *brand name*?



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School of Pharmacy, University of Maryland, News

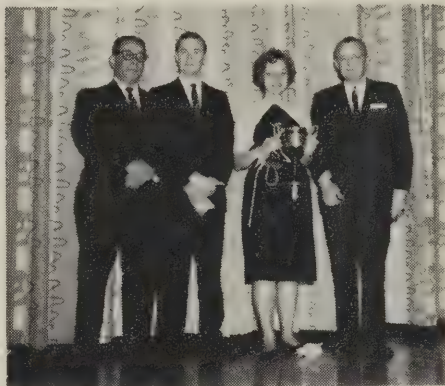
ALUMNI NEWS SCHOOL OF PHARMACY, UNIVERSITY OF MARYLAND ANNUAL FROLIC

Reported by B. Olive Cole

The fifteenth Annual Frolic of the Alumni Association of the School of Pharmacy, University of Maryland was held in the Straus Auditorium, Park Heights and Slade Avenues, Baltimore, on November 9, 1961.

The entertainment consisted of nine skits produced by the undergraduate students of the School under the supervision of Dr. Frank J. Slama, Executive Secretary of the Alumni, and the consensus of opinion of those in attendance was that the presentations were very entertaining and the best ever planned and executed by the students.

President James P. Craig, Jr. welcomed the guests and awarded the prizes. Milton A. Friedman was Master of Ceremonies. Dean Noel E. Foss expressed appreciation of the work of the Alumni Association. The audience, numbering approximately 400 persons, included students, their parents and friends, members of the sorority, fraternities and interested alumni.



The following captured the prizes:

The Newman Club — First Cash Prize and the Bernard Cherry Cup, presented by him personally, for one year, together with a token cup for the Club.

Phi Delta Chi Fraternity — Second Cash Prize;

Alpha Zeta Omega Fraternity — Third Cash Prize;

The Phi Sigma Delta Fraternity also presented an entertaining skit.

The following individual acts received prizes:

M. Neal Jacobs and The Newcomers tied for First Cash Prize; David Lebowitz secured the second individual Cash Prize; The Brothers Three rated fourth place.

Scripto Pens were presented to the participants in the two last mentioned groups, and also to Miss Marjorie Abramovitz, who posted the signs for each act as they appeared on the stage.

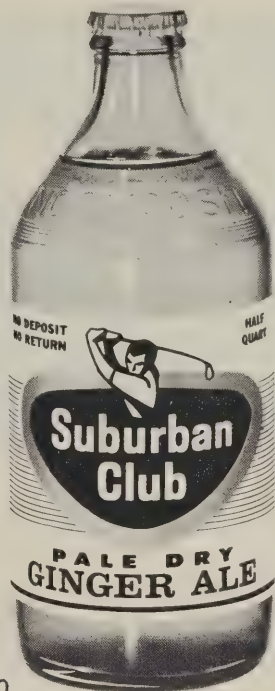
The judges were Past Presidents of the Alumni Association. Herman Bloom was the photographer. The music between the presentations and for dancing was by Gene Bonner's Orchestra.

Refreshments were served by the Place and Refreshments Committee, Sam A. Goldstein, Chairman, ably as-

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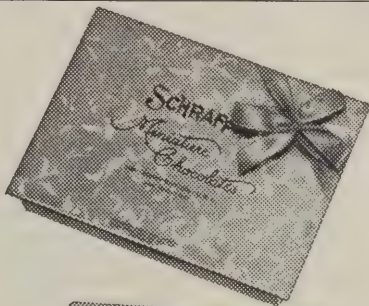
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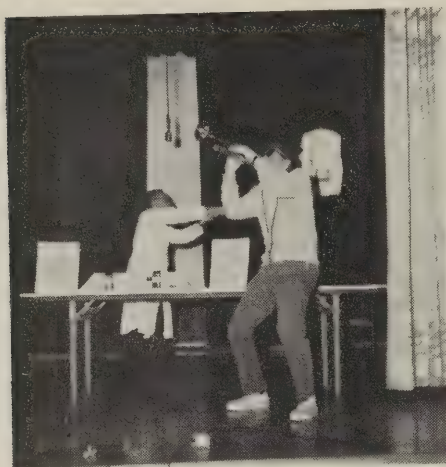
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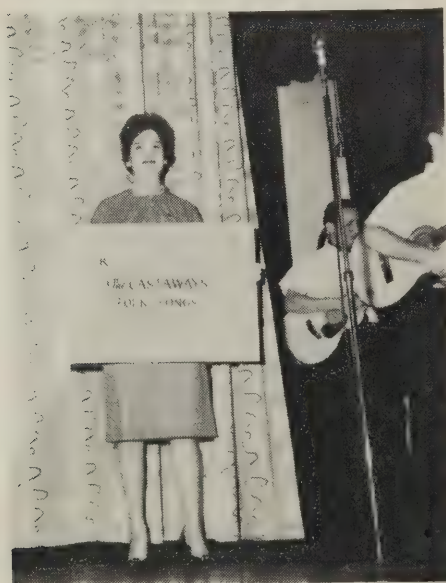
Baltimore 23, Md.





sisted by members of the Alumni and of the Travelers' Auxiliary of the Maryland Pharmaceutical Association.

Door prizes in quantity and quality, were provided by Loewy Drug Co., Muth Brothers, Calvert Drug Company, Henry B. Gilpin Company, Allen and Sons, F.A. Davis & Son, I. and L. Candy and Tobacco Company, Noe Equal Hosiery Company and the Ihrie Potato Chip Company. Students, in particular, are pleased when they are the recipients of door prizes.



An appreciation gift was bestowed upon Dr. Frank J. Slama, Executive Secretary of the Association, for monitoring the planning and execution of the skits.

Ice Cream from the Meadow Gold Ice Cream Company; Cookies from the Austin Company, and Coca Cola from the Coca Cola Company were donated. In fact, except for donations, the Annual Frolic is subsidized by the Alumni Association and furnishes a bright evening of entertainment.

The Washington's Birthday Dance of the Alumni Association will be held on Thursday, February 22, 1962, Emerson Hotel, 9 p.m. to 1 a.m.

The Annual Alumni Banquet will be held on Thursday, June 7, 1962, The Baltimore Union Building, 621 West Lombard Street.

SCHOLARSHIPS

The Student Aid and Scholarship Committee of the Alumni Association of the School of Pharmacy, Samuel I. Raichlen, Chairman, selected the following as recipients of scholarships at the University of Maryland, College Park and at the Baltimore Junior College, as pre-pharmacy students for the session of 1961-62:

Patricia Carol Abbott
Michael J. Walsh
Sharon J. Jasilaitis
Richard L. Cysyk
James R. Goulden
Allan Gus Lamartina
Jacquelin Grace Morton
Joan Marie Weiner
John R. Newcomb

These scholarships are provided by the Alumni Association, the Maryland Pharmaceutical Association and the Read Drug Stores Foundation, Inc., and include tuition, fees, text books and equipment not to exceed \$500.00 for the academic year. The recipients are selected on the basis of worthiness

scholastic achievement and the need of financial assistance.

The following were the recipients for the first semester of 1961-62 scholarships from the annual donation of \$400.00 provided by the Alumni Association of the School of Pharmacy to match a corresponding amount for scholarships from the American Foundation for Pharmaceutical Education for undergraduates:

Louis Gubinsky—Senior

Walter Mackay—Senior

This arrangement with the American Foundation for Pharmaceutical Education has been in effect for many years and numberless students have enjoyed these scholarships.

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Lacross Manicure Implements
Millers Forge Manicure Implements
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Gillette, Gem, Razors and Blades
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. CONTRIBUTIONS .

PHARMACY—THE FUTURE IS IN YOUR HANDS!

By Robert L. Swain

I recall a story now and then which has a direct and illuminating relationship to the many problems bearing so heavily upon pharmacy and which explains in large part why these problems are mastering us and not the other way around.

It is no exaggeration to charge that while pharmacy is loaded to the hilt with problems and issues of the utmost gravity, by and large they do not seem to bother us very much in our day to day activities and in our day to day thinking. We have developed the ability to look the other way as we instinctively fail to deal realistically with the serious conditions confronting pharmacy, not only in our home state, but throughout the country as a whole.

Our story, which may or may not be true, was built around two boys, Daniel and Noah Webster. One day a neighbor with much work to be done, came across the two youngsters sitting idly by a bubbling brook. Getting right to the point the man asked: "Noah what are you doing today?" To which Noah said "Nothing." Somewhat exasperated by the reply, the man asked the other boy: "Dan, what are you doing today?" To Dan the answer came easy "I am going to help Noah." Well, here it is, one doing nothing and the other helping him to do it. As the old adage has it—nothing plus nothing is still nothing.

This "nothing accomplished" is the key to why so many of the problems facing pharmacy today have been around for a long time and why they seem to have become a fixed part of the whole pharmacy scene. This "nothing accomplished" should also serve as the motivation for getting pharmacy on the move so far as public relations and pharmaceutical values are con-

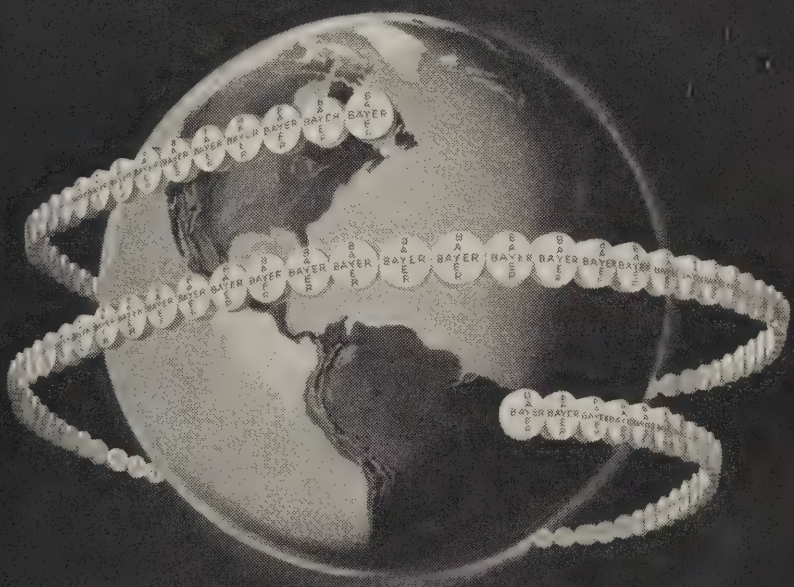
cerned. Put another way, it is high time that every pharmacist consider himself not only as an individual member of the craft, but as one burdened with definite obligations to the craft as a whole.

It is well established in my mind, at least, that pharmacy will never attain its maximum social and professional usefulness until we as individuals measure up to our obligations to our profession and thus give it proper presentation to the public. In other words, what pharmacy means to the public will always be a reflection of what pharmacy means to us. The whole matter of pharmacy relations with the public is just that simple, just that profound.

Well, getting away from doing nothing to doing something, how do we proceed? Where do we start? What should we shoot at? The story begins with you as without you no start can be made. You must see yourself as playing a leading role in every plan or program dedicated to giving pharmacy a more rewarding standing in public estimation and esteem. The whole idea is so simple that all one need do is grasp the magnitude of success which would follow if every pharmacist was truly dedicated to doing those things which would assure pharmacy its proper place in thinking and evaluation of the public.

In my opinion the following might serve as a working blue print to a sound approach to meeting the problems which now confront and confuse retail pharmacy:

- (1) Every pharmacy should be a model of cleanliness, attractiveness, and reflect good housekeeping standards day after day.
- (2) Sound professional relations should be maintained with physicians, dentists, veterinarians and nurses of the neighborhood so that the public will intuitively



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evaluate pharmacy in terms of its contribution to public health.

- (3) Every pharmacist should be an active and informed member of the American Pharmaceutical Association, the National Association of Retail Druggists and also a member of his state and local organizations. Our problems are such that they can only be met by organizations that are fully representative of the field, adequately financed, ably directed and heartily supported by the rank and file of the profession. One reason our problems have shown such uncanny powers of survival is that we have never marshalled full organizational strength against them.
- (4) Pharmacists need to be truly informed regarding the need to make their profession the heart of the drug store so that the public will come to evaluate the drug store in terms of its essential relation to the welfare and well being of the people.
- (5) Pharmacists need to become fully alert to their professional and economic problems and to make themselves truly informed with respect to the non-pharmacy outlets which abound on all sides, so that the public will see the corner drug store as something essential to community health and as the only logical source of drugs, medicines, health care products and other items closely related to public health.

This enumeration could go on and on. It is offered more as a suggestion of what should be our goals rather than an actual blue print of our objectives. Doubtless you could write your own program for assuring pharmacy a more progressive course in the years ahead. But the deliberations here outlined suggest the need for every pharmacist to be sure that what he is, what he does,

what he fails to do, all have an inevitable impact upon how well or how badly pharmacy stands in public estimation and esteem.

Getting back to our basic theme — the future of pharmacy, down to the least detail, depends upon you, you and you. And if you fail there is no other to take up where you fall down. Like it or no that's the whole story.

BELLADONNA LEAF EXTRACTION

By B. F. Allen*

Almost 100 per cent of today's extracts, in their various forms, are made by firms specializing in extracts of vegetable drugs. New or combination types of extraction procedures are being experimented with by American and foreign manufacturers.

Numerous solvents have been investigated in the endeavor to discover one which could be adapted to general use but it is now conceded that there is no one solvent that is equally satisfactory for all extractions and that the selection of the solvent in each case must be based on the nature of the drug to be extracted and the type of preparation desired.

The object of any extraction process is the removal of the desired plant constituent from those which are inert. Also, any procedure by which the time of manufacture of extracts can be reduced significantly, as well as eliminating the large metallic percolators which are conventionally used, should be of some industrial interest.

In recent years, several ideas pertaining to new methods of extraction of vegetable drugs have been advanced. These procedures have included the use of the Waring blender, a pressure cooker, a colloid mill, and mechanical agitation.

In our laboratories an extensive study was undertaken to compare the efficiency

* Associate Professor of Pharmacy, University of Maryland

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of isopropyl alcohol (99% w/w) with ethyl alcohol (U.S.P.) as the menstrua for the extraction of belladonna leaf.

The drug was extracted with the above mentioned solvents¹ by the following procedures: (1) **Percolation** — maceration period 16 hours and 400 ml. of menstruum was required to completely exhaust the drug; (2) **Soxhlet Extractor** — extraction continued for 3 hours; (3) **Colloid Mill** — drug suspended in 500 ml. of menstruum and recirculated for 15 minutes, mill rinsed with an additional 200 ml. of menstruum; (4) **Pressure Cooker** — drug heated for a period of 5 minutes under a pressure of 5 pounds; (5) **Powder Blender** — drug suspended in 200 ml. of menstruum and

mixed for 3 hours, apparatus rinsed with an additional 200 ml. of menstruum; (6) **Waring Blender**,² (7) **Magnetic Stirrer**,² and (8) **Lightnin Mixer**.³

Accurately weighed 10 Gm. samples of the dried drug was used in these experiments. The liquid extractives obtained were filtered, evaporated to dryness on a water bath, and dried to constant weight in an oven.

It should be noted in the above techniques which have been employed that there is a variation in the time factors, amount of solvent used, rate of speed, etc. This is primarily due to information which appears in published articles on the subject as well as some preliminary investigations⁴ which were conducted in our laboratories.

The comparative data obtained by the various extraction techniques appears in the following table.

The unique processes of agitating the drug suspension with blades, propellers, etc. rotating at a somewhat controlled speed and producing a whirlpool action, brings together more completely the components in the system, and speeds

- ¹ 200 ml. of menstruum used per drug sample, except where otherwise indicated
- ² stirring time 3 hours
- ³ stirring time 4 hours
- ⁴ for example, maximum extraction time determined, as well as the ability of apparatus to withstand strain, and a convenient day-to-day working period, etc.

Extraction Procedure	Alcohol Menstruum	Alkaloids Extracted, % ^a	Total Extractive, % ^a	Color
Percolation	Ethyl	0.359	5.60	Dark brown
Percolation	Isopropyl	0.374	2.03	Light brown
Lightnin mixer	Ethyl	0.396	5.11	Dark greenish black
Lightnin mixer	Isopropyl	0.377	2.10	Dark greenish brown
Pressure cooker	Ethyl	0.350	6.41	Brownish-black
Pressure cooker	Isopropyl	0.330	3.22	Greenish-black
Waring blender	Ethyl	0.386	6.04	Dark brownish black
Waring blender	Isopropyl	0.342	3.27	Dark greenish-brown
Magnetic stirrer	Ethyl	0.394	8.68	Dark brownish-black
Magnetic stirrer	Isopropyl	0.328	3.44	Dark greenish-brown
Soxhlet extractor	Ethyl	0.358	18.55	Brownish-black
Soxhlet extractor	Isopropyl	0.358	6.06	Brownish-black
Colloid mill	Ethyl	0.299	7.03	Brownish-green
Colloid mill	Isopropyl	0.344	3.07	Brownish-green
Powder blender	Ethyl	0.352	8.42	Blackish-green
Powder blender	Isopropyl	0.341	3.22	Brownish-green

^a average value of three determinations

up extractions due to the increased surface area exposed.

The results obtained indicate that even with a short period of contact time between drug and solvent, the amount of total alkaloids extracted compares favorably with the quantity obtained by the percolation method (similar to the official method) and other suggested methods.

A significant observation in this work was that isopropyl alcohol extracts less extraneous materials⁵ than does the ethyl alcohol and the color of the resulting extract was much more attractive.

Although our drug armamentarium has come a long way in recent years, and the supply of synthetics seems unlimited,⁶ it is extremely interesting to note the following belladonna-containing commercial products which have been recently advertised.

BELLAFOLINE⁷ (amp, tab)
 CAMPHELLA⁸ (liq)
 CHARDONNA⁹ (tab)
 COAX⁹ (tab)
 CONTAC¹⁴ (cap)
 DECHOLIN w/BELLAD⁹ (tab)
 DECHOLIN-BB⁹ (tab)
 ESKAPHEN-B w/BELLAD¹⁰ (liq)
 HYTRONA¹¹ (liq, tab)
 KOLADON⁹ (tab)
 MALGLYN¹² (liq)
 MARGELECTAL¹³ (liq)
 NEMBU-DONNA⁹ (cap)
 PAADON¹² (cap)
 SULFID B-A¹⁰ (tab)
 TRIALKA¹³ (liq)
 WIGRAINE¹⁴ (suppos)

- ⁵ reported as total extractive
⁸ Sentiv (tab) a synthetic substitute for belladonna alkaloids is an example
⁷ highly active levo-rotatory bellad alkaloids
⁸ bellad fldext
⁹ bellad ext
¹⁰ natural bellad alkaloids
¹¹ balanced bellad alkaloids
¹² belad alkaloids (sufates)
¹³ belladonna
¹⁴ bellad alkaloids

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☐ Cap. ½ gr. 500's ☐ Cap. 1 gr. 100's ☐ Cap. 1 gr. 500's

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☐ Cap. 100's ☐ Cap. 500's ☐ Cap. 1000's

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Volume 20

NOVEMBER, 1961

No. 1

T.A.M.P.A. NEWS

Killing two birds with one stone, we are in this article covering our regular October business meeting as well as our November dinner-dance social affair.

Our October T.A.M.P.A. meeting was convened at the Pimlico Hotel by President Ed Kabernagel, Jr., Following our business meeting and a repast consisting of crab cakes and assorted pastry, Joe Hugg, Program Chairman introduced the guest speaker, Mr. Benjamin C. Moore, Executive Director of the Baltimore Civic Center.

Mr. Moore had previously been associated in a management capacity with civic centers in St. Louis, Denver, Spokane and Honolulu, to name but a few and was certainly well qualified for his position with Baltimore Civic Center.

In his talk Mr. Moore indicated that the center is well planned as to spectator comfort and convenience. In addition, it is set up so as to be extremely versatile—operating on a year around basis and accommodating several attractions at one time.

Space does not permit more detailed coverage of Mr. Moore's talk, but without a doubt we certainly have something to look forward to upon completion of the civic center.

At this meeting, our good friend and faithful T.A.M.P.A. Secretary, T. J. Kelly submitted his resignation due to a promotion and his consequent moving with his company, Johnson & Johnson. We will all miss Tom, but we send him off with our best wishes and the promise that the doors of T.A.M.P.A. will always be open to him.

In line with Tom's resignation, it was announced that John Crozier, currently T.A.M.P.A. Treasurer, was also appointed as acting secretary to fill out the unexpired term of office.

On the festive side, we are happy to report that the "Ladies Night" dinner dance held at the Brentwood Inn was a most enjoyable success.

Everyone was treated to a free cocktail hour followed by a Smorgasboard dinner. Favors consisting of a set of "old fashion" glasses were presented to all ladies in attendance. Extemporaneous entertainment was provided by the "same old group" harmonizing to various songs. All in all it was a most pleasurable experience. And it is hoped the same will be planned next year.

The T.A.M.P.A. plans to hold its Christmas party for orphans at the Kelly Memorial Building.

Your Association plan of coverage should be the base on which to develop a broad disability plan. We have available a non-cancellable health policy that we would like to discuss with you at your convenience. Please call us so that we can arrange an appointment without obligation on your part.

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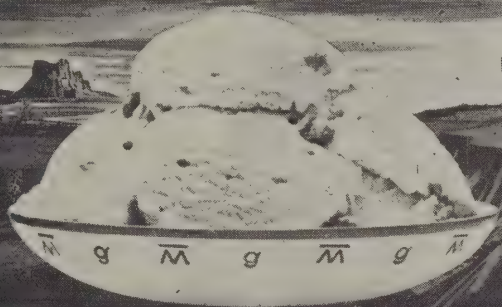
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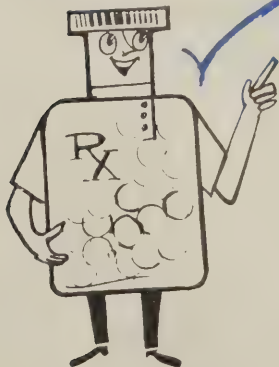
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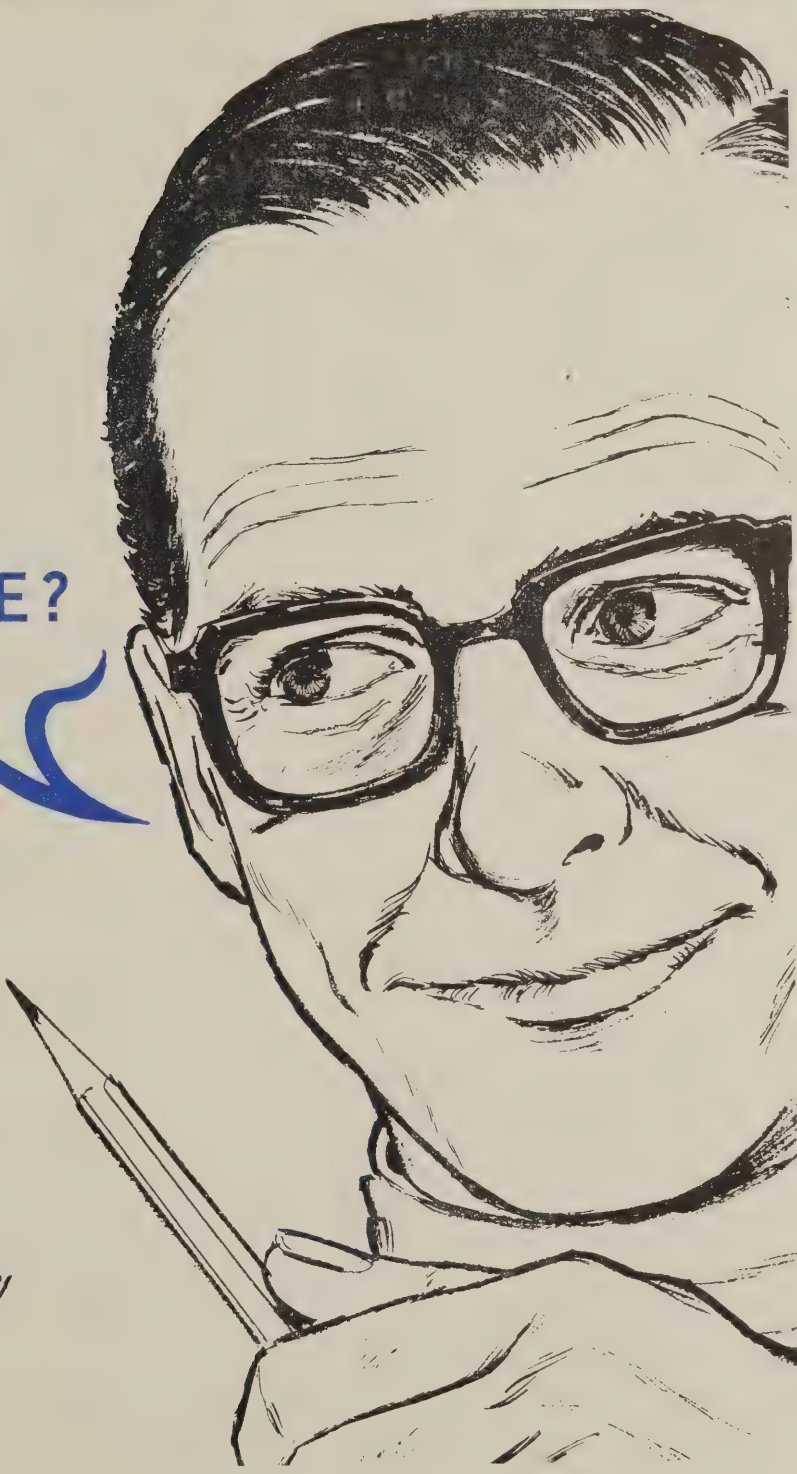
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PRESIDENT'S MESSAGE

BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

Dear Fellow Pharmacists:

Some pharmacists continue to hit the panic button and as a result we are certainly down-grading our profession. There has been a rash of pricing schemes inaugurated during the past few months. You and I know that no pharmacist can make a living when he prices prescriptions at 50 to 75 cents over wholesale cost.

I have been receiving mail from a number of our members who are constantly clamouring for someone to pass a law against this or that. A few have suggested (ownership laws) or rules, requiring that a registered pharmacist should own at least 51 per cent of any business engaged in the filling of prescriptions. This sounds good to the average pharmacist, but a number of states have had such a law tested in the courts and in every instance, the pharmacists have lost, and the law or rule has been declared invalid. The point that I am attempting to get across is that no group can hope to perpetuate itself in business by legislation. We have found out over the years that you just can't pass a law to keep out competition or keep ourselves in business. What we need most of all is to tell the public our story of what the community pharmacist is doing in the matter of public health, civic and community projects, etc.

Within the next few weeks, you will receive a notice for 1962 dues in the Association. I sincerely hope you will indicate your continued support of the B.M.P.A. by promptly remitting your check. At the same time, why not try to interest your employee pharmacists and colleagues in becoming a member also. The average member of B.M.P.A. is a busy man. In addition to his business, he has other responsibilities. In consequence, he cannot usually devote too much time to his local pharmaceutical organization. He can, however, insure that the B.M.P.A. will continue to carry on its many activities on his behalf by paying his dues and by paying them promptly. This is how you can help B.M.P.A. to help you.

With best Seasons Greetings.

Cordially,

SAM A. GOLDSTEIN
President

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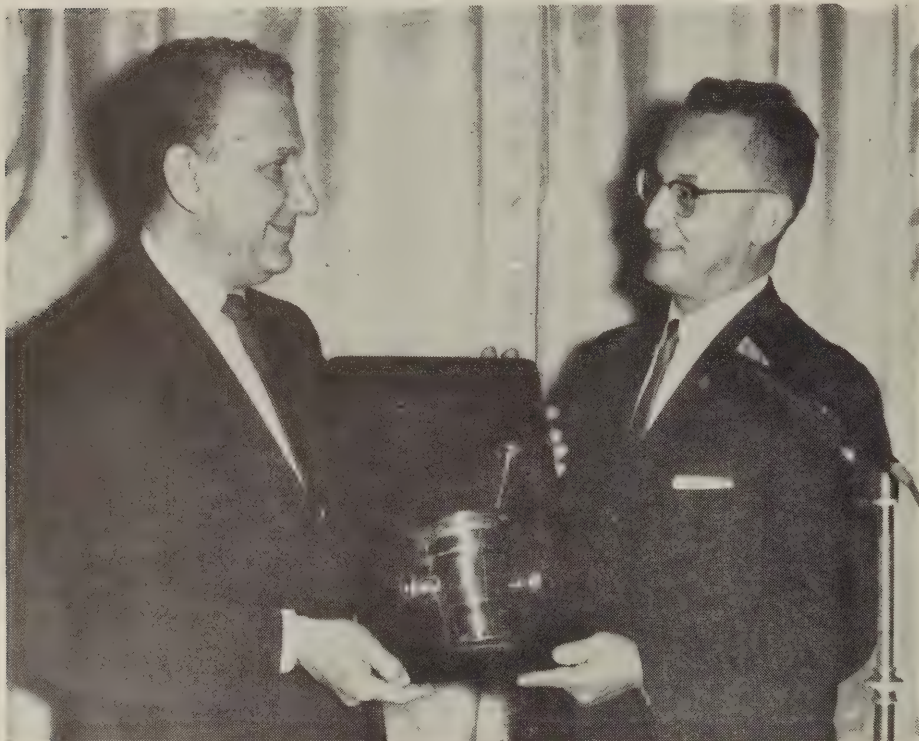
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:- NEWS ITEMS :-**HAROLD M. GOLDFEDER RECEIVES SQUIBB "PRESIDENT'S AWARD"**

Harold M. Goldfeder (left), past president of the Maryland Pharmaceutical Association, received the Squibb "President's Award" at the Fall Regional Meeting of the Maryland Pharmaceutical Association, Peter Pan Inn, Urbana, Maryland, October 19, 1961.

This award, symbolic of outstanding performance as president of a state pharmaceutical association, was presented to Harold M. Goldfeder by Bill Garrity (right), Squibb's Philadelphia regional sales manager.

**COURT APPEAL AGAINST
YOUNGS RUBBER DISMISSED**

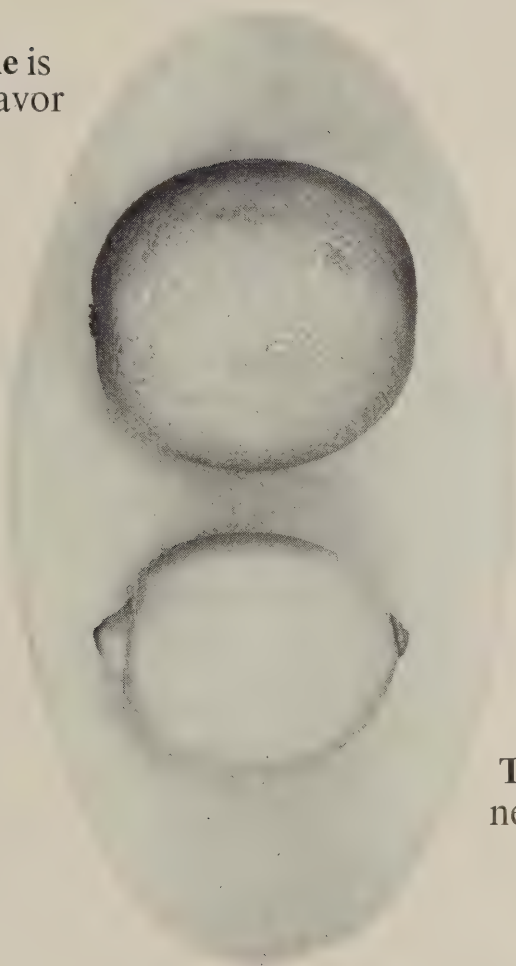
Over three years ago, a \$30 million anti-trust suit was instituted against Youngs Rubber Corporation by Paul Paradise, doing business as National Sanitary Sales, Inc., prophylactic vending machine operators. Youngs was sued because of its pioneer program of advocating drug-store-only prophylactic laws and reporting violations to law

enforcement agencies to protect the public interest.

On July 20, 1961 the U. S. District Court at Chicago gave judgment in Youngs' favor by dismissal of the complaint. The Paradise companies then filed an appeal, but on October 16, 1961 a final order on their motion was entered dismissing the appeal.

The proceedings have completely vindicated Youngs' drugstore-only program.

**The principle is
entrapped flavor**



**The product is
new Vi-Daylin®
Chewable**



**The result is a tablet that's "candy" all the
way through (you can't even taste the riboflavin)**

How can a potent vitamin tablet — children's or otherwise — ever be made really *chewable*?

Good question.

With the exception of ascorbic acid, the essential vitamins are far from palatable. On top of this, most flavoring oils are volatile. What happens after the bottle has been opened 20 or 30 times?

In new Vi-Daylin Chewable, these problems have

been met by the ingenious use of film coatings. Raw-tasting vitamins, for example, have been processed in a fat-soluble film. There's just no chance of them being released in the mouth. They're trapped until they reach the gastrointestinal tract. The flavoring oils, on the other hand, are enveloped in a water-soluble film. This means candy flavors are protected — entrapped —

until the moment the tablet is placed in the mouth. Then, instantly, the oils are released, as fresh as the day they were processed.

Is all this so important? In terms of vitamin potency, or performance, not at all. The formula is made not one bit more effective. There's only one person likely to be roundly impressed.

The little guy who takes the vitamins.

FALL REGIONAL MEETING

The Fall Regional Meeting of the Maryland Pharmaceutical Association was held at Peter Pan Inn, Urbana on October 19, 1961.

The Executive Committee met at 10:00 A.M., and after lunch, the general meeting followed.

The feature was a stimulating and informative panel presentation on the subject of "Health Services of the Community." The panelists were: George F. Archambault, Pharmacist Director, Division of Hospitals, Public Health Service, U.S. Department of Health, Education and Welfare; Karl F. Mech, M.D., Chairman, Legislative Committee, Medical and Chirurgical Faculty of Maryland; Eugene J. Lipitz, President, Maryland Nursing Home Association. Aaron M. Libowitz, Second Vice President, Baltimore Metropolitan Pharmaceutical Association, served as moderator.

Dr. Mech stressed that "the physician and pharmacist are mutually dependent now. The doctor is lost today without the ancillary professions. We are now a health team and therefore the patient is better off . . . any slip in this places the patient in jeopardy. The care and destiny of people are in our hands. We are brothers." He pointed out there is still quackery in 1961. "Regulation is necessary for the health needs of our nation," he stated, but he felt that the King Bill is bad legislation for medicine and pharmacy and therefore bad for everybody. Dr. Mech thought it would lead to socialized medicine and break down free enterprise.

Dr. Mech further asserted, "Everything we do must be measured in terms of the patient. . . . Under the free enterprise system, we must see that profit is kept within reason and in proper relation with the rest of the economy . . . neither mercenary nor profitless. . . . Pharmacists must provide the best drugs and physicians must

provide the best care and attention for patients."

Mr. Lipitz spoke of the rapidly expanding nursing home field. He stated that Blue Cross, insurance companies, labor, and industry were studying this form of medical care. The Federal Government has made funds available through the Hill-Burton Act, FHA and U.S.P.H.S. He recommended the chapter on "How to Work with one Pharmacist" in a book by Giledi, Crawford and Perkins, entitled "Nursing Home Administration." There is a growing potential in nursing homes for pharmacists' services, Mr. Lipitz said.

Dr. Archambault emphasized the roles of the pharmacist as the expert in medication and as its custodian. The position of the hospital in the medical care situation is one of increasing importance in the distribution of drugs. Whereas in 1929, hospitals used only 4.4% of the total legend drugs, in 1961 31% of all ethical medication was dispensed through hospitals. This is a tremendous percentage when it is realized that there are only 7,000 hospitals compared to 55,000 pharmacies.

Dr. Archambault also spoke of the regulation promulgated by the U.S. Public Health Service for its hospital pharmacies requiring the lot or control number of medication used to be typed on each prescription filled. He recommended this for the consideration of all pharmacists in their pharmaceutical practice as a professional service of the pharmacist which also served as a control measure of benefit to pharmacists themselves.

A discussion and question and answer period concluded the panel presentation which proved of great interest to the audience.

After a cocktail hour and dinner, E. R. Squibb & Sons presented a plaque to Past President Harold M. Goldfeder.

The Ladies Auxiliary also held its meeting and entertainment at Peter Pan Inn.



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MEDICAL CARE NEWS

The following letter was mailed to pharmacies in the area surrounding Baltimore city.

BALTIMORE CITY HEALTH DEPARTMENT

Medical Care Section

November 14, 1961

Dear Fellow Pharmacist:

With the addition of Medical Assistance for the Aged (MAA) to the Baltimore City Medical Care Program I notice that prescriptions are spreading in a greater degree to our rural pharmacies. This spreading of prescriptions over a larger territory has naturally brought some pharmacists into our program who, because of location, have never before participated. I have had many inquiries from those who are new to the program and, therefore, I prepared the enclosed card to give you some ready answers on routine matters without referring to the Formulary. All the items on the card have been taken from the Baltimore City Medical Care Formulary.

I would advise that you take the time to thoroughly read the Formulary at your convenience for important information of a more detailed nature. For example, although Medical Supplies are mentioned briefly on the card it is only in the Formulary that you find a list of those items that may or may not be dispensed, regardless of cost. You will need to know details of this type but in preparing and sending you this card I felt that it would serve for most of the routine prescriptions you fill and it might save you some time.

In my six months with the Medical Care Program I have found all pharmacists to be very cooperative and a good many have assisted in my work tremendously. I, and the rest of the Medical Care Section staff, sincerely appreciate this friendly attitude.

If I can be of any help to you please do not hesitate to call me, 752-2000, extension 316.

Sincerely,

GORDON A. MOUAT, Pharmacist
Medical Care Section

The card referred to in the above letter contained the following information:

Baltimore City Health Department
Medical Care Section

**POINTS TO REMEMBER
WHEN FILLING
BALTIMORE CITY MEDICAL CARE
PROGRAM PRESCRIPTIONS**

1. **ELIGIBILITY**—Always check to make sure patient's identification card is current when either filling or refilling prescriptions.
2. **REFILLS**—Never more than two, in addition to the original prescription.
3. **AMOUNT OF MEDICATION** —
 - (a) Duration—No more than 90 day supply, including refills.
 - (b) Refills — Never more than two.
4. **MEDICAL SUPPLIES**—Never, without prior authorization from the Medical Care Section, furnish any medical supply whose total cost exceeds \$5.00.
5. **FORMULARY**—Familiarize yourself with the Formulary.

Cooperate with the program and the physician in restricting prescription items to those within the Formulary.

Remember that unusual or expensive medication, when essential for the patient's treatment, can be obtained by getting special approval from the Medical Care Section.
6. **BILLING**—Submit bills promptly, at least monthly.

Prompt billing facilitates prompt payment.

pleasure beyond price



miracle mild cigars

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Baltimore 1, Maryland

Fight TB



Use Christmas Seals

AN UNFINISHED CHRISTMAS STORY

By Lee MacPhail, President and General Manager of the Baltimore Orioles and Chairman of the 1961 Christmas Seal Campaign for Baltimore City

"What does TB have to do with baseball?" is what I wanted to know when they asked me to be Chairman of the 1961 Baltimore City Christmas Seal Campaign. The answer, in a word, was "Plenty!"

Tuberculosis, I learned, can strike **anyone**, even a presumably healthy athlete. If you don't believe this, just ask Red Schoendienst. Red caught TB two years ago although he seemed to be perfectly healthy. Luckily, his case was discovered in an early stage and he was cured. Grateful for his return to health and baseball, Red was the National Honorary Christmas Seal Chairman that year. Look at that statement again—tuberculosis can strike **anyone**. Last year, it struck 1,568 people in Maryland. They ranged in age from under one year to over eighty. They came from so many walks of life that it would take pages to describe their environments or to list their occupations. Remember, these 1,568, cases had to be added to the number of cases already found. At the same time, remember there are thousands of cases still undetected. Now, add another figure—265 to represent the number of Marylanders who died of tuberculosis in 1960.

This, you can be sure, is a lot of tuberculosis. It's enough to make Balti-

more City rank first in TB case and death rates among all cities having more than 500,000 population. It's enough to make Maryland rank 6th and 10th among the states in TB case and death rates. It's enough to make us want to do something.

Here's what we can do. We can protect our family circle from TB by using Christmas Seals. When we do this, we help our tuberculosis association continue its year-round work in chest X-rays and other case finding programs, medical and scientific research projects, personal services to patients, grants to individuals and medical organizations, medical social work services for patients and their families and educational programs for doctors, nurses, TB workers, school children and the general public.

This is where my story stops. I join Red Schoendienst and this year's National Honorary Chairman, Charles O. Finley, President of the Kansas City Athletics — who is a former TB patient himself — in asking you to finish the tuberculosis story by using Christmas Seals on all your mail and packages.

FOOD AND DRUG ADMINISTRATION

The Food and Drug Administration published in the Federal Register an industry proposal to allow sale without prescription of certain piperazine preparations for the treatment of pinworms and roundworms.

These products have heretofore been limited to use only under medical supervision and have been available only upon prescription.

All interested persons are invited to submit written comments on the proposal to the Hearing Clerk, Department of Health, Education and Welfare, Room 5440, 330 Independence Ave., S.W., Washington 25, D.C., before December 18, 1961.



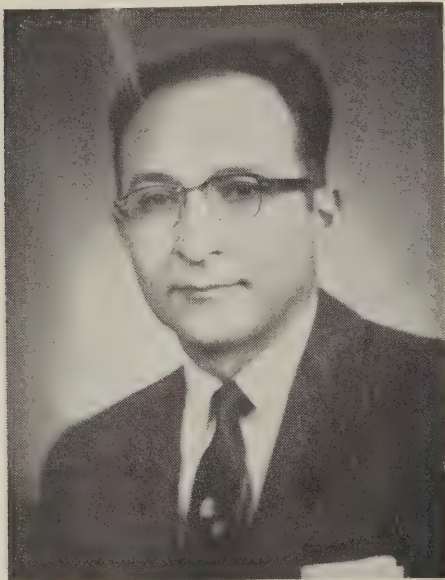
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NATHAN I. GRUZ
EXECUTIVE SECRETARY

The Executive Committee of the Maryland Pharmaceutical Association announced the appointment of Nathan I. Gruz, Baltimore pharmacist, as Executive Secretary and Editor of *The Maryland Pharmacist*. He will also serve as Secretary of the Baltimore Metropolitan Pharmaceutical Association by appointment of its Executive Committee.

Mr. Gruz graduated from the University of Maryland School of Pharmacy in 1939 with the degree of B.S. in Pharmacy. He attended The Johns Hopkins University from 1939-41 while in charge of the pharmacy at the U.S. Marine Hospital in Baltimore.

He enlisted as a private in the U.S. Army in 1941 and was Chief Pharmacist of the Station Hospital, Edgewood Arsenal, Maryland. He graduated from the Medical Administrative Corps Officer Candidate School in 1942 and served as a Medical Supply Officer, Plans and Training Officer and as Administrative Officer to the Surgeon of Special Troops, Headquarters, Armed

Forces Western Pacific, Manila, Philippines. Upon discharge he was appointed a Medical Supply Officer with the United Nations Relief and Rehabilitation Administration (UNRRA) and served in the Philippines and China. At present, Mr. Gruz is a Major in the Medical Service Corps, U.S. Army Reserve.

Since his overseas service Mr. Gruz has been engaged in the practice of pharmacy in Baltimore including a period as proprietor of a pharmacy and has been active in pharmaceutical association affairs. He acted as correspondent for "The Mid-Atlantic Apothecary" and was awarded a prize in 1953 by the Pharmaceutical Society of the State of New York for an essay on the problems of duplication and substitution.

From February 1958 to August 1959, Mr. Gruz was engaged as Assistant to the Executive Secretary of the Maryland Pharmaceutical Association and Baltimore Metropolitan Pharmaceutical Association. In that capacity he was responsible for substantial increases in membership enrollments, in improvement of office procedures and records, in the addition of new advertisers in *The Maryland Pharmacist* and in obtaining new exhibitors in the B.M.P.A. Annual Drug and Gift Show.

He also participated in the writing and editing of *The Maryland Pharmacist*, prepared public relations material and information on new narcotics laws.

Among his association activities he served as Co-Chairman, Professional Relations Committee of the Maryland Pharmaceutical Association; Chairman, Bulletin Committee and editor of the *Monthly Newsletter* of the Baltimore Metropolitan Pharmaceutical Association; Chairman, Membership Committee, Bulletin and Public Relations Committee, Alumni Association University of Maryland School of Pharmacy, and founder and editor of the *Bulletin* of the Alumni Association.

Mr. Gruz has been active in the American Pharmaceutical Association and has presented papers before the Section on Education and Legislation of the American Pharmaceutical Association at their convention. He is also a member of the Maryland Society for Medical Research.

Mr. Gruz is married to the former Ursula Stein of Berlin and Manila and has two children, Jacqueline and Kenneth. They reside at 5817 Merville Avenue, Baltimore.

SKF LABORATORIES WILL MARK SAMPLES

Smith Kline & French Laboratories this week began marking a great majority of its sample tablets and capsules with the phrase "Not for Sale."

Thomas M. Rauch, vice president of marketing, said the move is the latest in a series of SK&F programs "designed to provide positive control over the handling of our samples." He pointed out that SK&F in the past 10 months had instituted two other procedures to formalize the strict responsibility the firm always has placed on drug sample possession and distribution.

The marking of individual capsule and tablet samples was encouraged by a poll of state pharmaceutical association secretaries on sample control, Rauch said. He noted that approximately half the state secretaries questioned voluntarily suggested that samples be identified in some way.

Rauch went on to emphasize that control over sampling is definitely the responsibility of drug manufacturers.

"In this regard," he said, "we are endeavoring to leave no stone unturned in establishing for SK&F the best sample control policy possible."

The drug executive also cited the favorable reaction of a great majority of physicians and pharmacy leaders to current SK&F sample policy as further justification for this latest step.

SPOTLIGHT PRODUCT OF THE MONTH

CANDETTES

Featured in all BMPA Stores

WITH

Dial 123 Live Radio

"It is no secret that sampling is one of the major irritants between practicing pharmacists and pharmaceutical manufacturers. However, we are firm in our conviction that sampling, properly controlled, is a well proven advantage to the physician in his practice and ultimately benefits the pharmacist," Rauch said.

Under the SK&F plan both samples distributed by mail and those personally delivered by SK&F representatives will be marked.

In the earlier control measures some 450 company representatives last December signed a "Statement of Principles" reaffirming their obligation to exercise great care over drug samples in their possession. Then, in June, a strengthened system of drug accountability went into effect wherein SK&F representatives were asked to report a day-to-day inventory of samples and clinical supplies.

The daily reports list detailed information as to the distribution of the drugs. At the conclusion of each promotion period, the reports are scrutinized and compared with the unused supplies which are returned. Any discrepancies are immediately apparent and subject to investigation.

"With this new policy," Rauch said, "we feel that SK&F samples will not only be handled with great care by our representatives, but—because the samples themselves will be recognized as such—physicians and patients also will be more alert to their intended use.

SIMMONS NAMED EXECUTIVE SECRETARY OF N.A.R.D.

Willard B. Simmons of Texarkana, Texas, was appointed secretary and contracted as Executive Secretary and General Manager of The National Association of Retail Druggists by the Association's Executive Committee at a special meeting held October 14 in Chicago. He fills the unexpired term of John W. Dargavel, who passed away October 9.

In accepting the new position, Simmons resigned from the Executive Committee, of which he has been chairman. He served on the committee since 1953 and he joined the official family of the N.A.R.D. in 1950 as fifth vice president.

The new N.A.R.D. executive secretary was graduated from the College of Pharmacy of Little Rock in 1924, and in 1925 he was licensed to practice pharmacy in Texas and Arkansas.

Simmons served as president of the Texarkana Retail Druggists Association on three different occasions and since 1928 he has been active in the Texas Pharmaceutical Association of which he directed a program for better physician-pharmacist relations. While maintaining his residence in the Arkansas part of Texarkana, he served one term as vice president of the Arkansas Pharmaceutical Association.

The Silver Lining . . .

The wise dealer who stocks either Abbotts or Jane Logan deluxe ice cream in his store finds his cash register drawer always lined—and filled—with silver coins of the realm. And, remember, green bills from silver coins do grow!

Give us a call . . . but only if you want your profit figures in crisp, crunchy green bills! . . .

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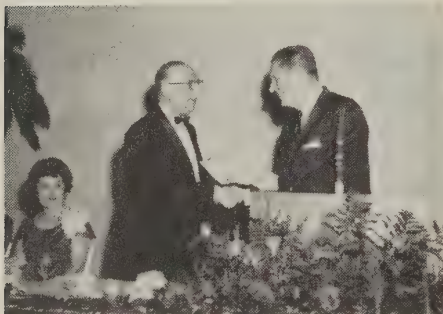
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TESTIMONIAL DINNER IN HONOR OF JOSEPH COHEN



Over two hundred guests attended a Testimonial Dinner tendered Joseph Cohen, who served as Executive Secretary of the Maryland Pharmaceutical Association and Secretary of the Baltimore Metropolitan Pharmaceutical Association, at Blue Crest Fordleigh, November 14, 1961.

Mr. Cohen resigned his position to assume duties in the Washington office of the National Association of Retail Druggists as Director of Professional Services.

Norman J. Levin, President of the Maryland Pharmaceutical Association, served as Toastmaster and brought greetings from the Association. Greetings were also brought by Sam A. Goldstein, President of the Baltimore Metropolitan Pharmaceutical Association; Edwin M. Kabernagel, Jr., President, T.A.M.P.A.; Mrs. Dorothy B. Austin for

Mrs. Felix H. Kominski, President, L.A.M.P.A.; W. Les Brunett, President, Prince Georges - Montgomery County Pharmaceutical Association, who presented Mr. Cohen with a gold life time membership card in the bi-county groups; Samuel Wertheimer, who presented a briefcase in behalf of the Allegheny - Garrett County Pharmaceutical Association.

Presentation of a beautiful Omega watch suitably inscribed was made by Past President Gordon A. Mouat and presentation of an attractive attache case was made by John A. Crozier, Executive Vice President of Calvert Drug Company on behalf of the assembled guests.

Highlights of the evening were: the address by the guest speaker, Philip F. Jehle, Associate General Counsel, N. A. R. D.; the presentation of an honored citizen award by Mayor J. Harold Grady of Baltimore and a citation presented by Deputy Attorney General Joseph S. Kaufman in behalf of Governor J. Millard Tawes of Maryland.

The evening concluded with a grateful response by Mr. Cohen and the benediction by Rabbi Leonard Berkowitz, Assistant Rabbi, Chizuk Amuno Congregation, who had also given the invocation.

The dinner was under the auspices of the Maryland Pharmaceutical Association, Baltimore Metropolitan Pharmaceutical Association and friends of Joseph Cohen, and was under the chairmanship of Irving I. Cohen.

Season's Greetings

D. Stuart Webb Advertising Services

306 N. Gay Street - MULberry 5-3232 - Baltimore 2, Md.

DISCOUNT STORE SHOPPERS

A survey conducted among members of the Good Housekeeping Consumers Panel indicates that many American shoppers have reservations about buying at discount stores.

Although discount stores have grown at a phenomenal rate in recent years, and have millions of customers, Good Housekeeping reports that many women are wary of discounters. Among the significant findings turned up by the survey are:

Six out of ten women surveyed said there were certain items they would never buy in a discount store. Almost 40% of this group mentioned clothing and appliances.

Slightly more than five out of ten

women reported they prefer to buy only certain items at discount stores. One-third of this group mentioned appliances. Other items mentioned were household drugs and toiletries.

Seven out of ten women on the Consumer Panel surveyed revealed a great acceptance, perhaps a demand, for discount shopping. However a sizable minority (three out of ten) of the Panel reported that they have never bought in a discount store, indicating that discounters do not have the full confidence of a significant number of consumer shoppers.

The most common reasons for this buying reluctance were: difficulty in getting repairs, servicing and installation (39%); a poor quality and work-



HE HOLDS A SECURE PLACE IN OUR SECRETARYS' HALL OF FAME

manship (36%); fit and style not good (11%). Preference of local stores and lack of branded merchandise were among other comments.

Among the 55% of the panel stating a preference for buying only "certain" products in discount stores, these reasons were given: Six out of ten indicated money savings; 26% of this group felt advertised brands gave the buyer full quality protection.

The main merchandise categories that the Good Housekeeping panel said, 'they would never buy in discount stores' are:

Clothing (38%); Appliances (38%); Furniture (11%); not brand names (9%); shoes and jewelry (9%); items not guaranteed or needing service (7%).

KITCHEN PROMOTES CAREERS IN PHARMACY

Kitchin's Pharmacy in Annapolis devoted its August News Monthly to Careers in Retail Pharmacy.

Following is copy used:

*A Message from W. Y. Kitchen
—"Your Pharmacist"*

WANT A PHARMACIST IN YOUR FAMILY?

Soon our colleges of pharmacy will again begin to teach embryo pharmacists how to practice this ancient profession.

HIGH SCHOOL GRADUATES ARE ELIGIBLE.

They will study Chemistry, Biology, Physiology, Physics, Latin, Mathematics, Anatomy, Public Health, advanced English, Bacteriology, Chemical Microscopy and Pharmacology.

THEY WILL LEARN HOW TO DISPENSE PRESCRIPTIONS.

But, first they must be taught the properties, dosage and incompatibili-

Winter Scene

Across the snow-soft field
Slants the sun-sprayed rays,
Nature's beauty never to yield—
Sign of winter's golden days.

THE VERY BEST OF HOLIDAY GREETINGS TO ONE AND ALL!!!

From One And All At

THE AMERICAN DRUGGIST'S INSURANCE COMPANY

Cincinnati 2, Ohio

ties of all medicines, herbs and chemicals, including the newer discoveries. They will compound lotions, pills, tablets, suppositories and ointments accurately, carefully and skillfully in the college laboratory.

AND, BEFORE RECEIVING A REGISTERED

PHARMACIST'S license they must pass a state examination and serve an apprenticeship in a pharmacy.

WHY IS SO MUCH KNOWLEDGE NEEDED?

Because, everytime we dispense a medicine we hold your life in our care.

ASK US FOR MORE INFORMATION.

If any member of your family wishes to study pharmacy there may still be time to enter if grades are good. Pharmacists earn better than average salaries and our work of service to the sick is spiritually rewarding.

don't be caught short



People get **mad** when they can't buy their favorite tasty Lance snacks. So don't be caught short. Let your Lance salesman help. He can stock your displays with enough of the right flavors to keep your customers happy.

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Charlotte, North Carolina



*All the Features
you'd choose
yourself!*

FLAVOR-IZED FLARE-TOP ICE CREAM CONES

TOPS with ice cream . . . TOPS in ice cream cones . . . you and your customers will "go" for Flavor-ized Flare-TOPS. If your regular wholesaler can't supply you, write or phone:

MARYLAND BAKING COMPANY
1200 South Eutaw Street, Baltimore, Md.



FDA TO SET UP CITIZENS COMMITTEE

The kind of consumer protection which should be provided by the Food and Drug Administration in years immediately ahead will be studied comprehensively by a new Citizens Advisory Committee named today by Abraham Ribicoff, Secretary of Health, Education, and Welfare.

The 16-member committee will be headed by Dr. George Y. Harvey, Lecturer in Political Science and Consultant in Community Development at the University of Missouri. Dr. Harvey, from 1948 to 1955, was staff director of the House Appropriations Committee of Congress.

Secretary Ribicoff said the Committee will make recommendations regarding the steps which the Department and the Food and Drug Administration should take to insure adequate protection to citizens in their use of foods, drugs, therapeutic devices, cosmetics and household chemical products, all of which are subject to regulation under laws enforced by the FDA. The retail value of such articles moving in interstate commerce is estimated to exceed \$100 billion each year.

The study will be conducted as a new appraisal of problems of consumer protection under the Federal Food, Drug, and Cosmetic Act, rather than as a continuation of a study made by a similar Citizens Advisory Committee in 1955.

The major recommendation of the 1955 Committee was a 3-to-4-fold expansion of the FDA, to be accomplished in 5-to-10 years. Since that time the FDA staff has been approximately doubled in size. At the same time a number of important new laws have been enacted, placing additional responsibilities upon the agency. The 1955 report also contained numerous detailed suggestions, many of which have been carried out.

In announcing the new committee Secretary Ribicoff said:

"Tremendous developments in the fields of science and technology daily present new challenges to those charged with safeguarding the consumer. It is time for another group of responsible citizens to take a new look at what the Federal Government, through the Food and Drug Administration, should do to assure consumers of truly adequate protection. We need a new evaluation of the amount and kind of protection that is needed, the adequacy of our present resources to provide this protection, the changes that may be needed to get it, and the time it will take to reach the desired objectives. This is a difficult assignment, but I am confident that this committee has the necessary experience and ability to carry it out."

Members of the Second FDA Citizens Advisory Committee are as follows:

Dr. June Bricker
Executive Director
American Home Economics Assn.
Washington, D.C.

Mr. Nelson Cruikshank
Director, Department of Social
Security
AFL-CIO
Washington, D.C.

Dr. William Jefferson Darby
Head, Department of Biochemistry
Vanderbilt University School of
Medicine
Nashville, Tennessee

Mr. John Thomas Connor
President, Merck & Co., Inc.
Rahway, New Jersey

Dr. Conrad Arnold Elvehjem
President, The University of
Wisconsin
Madison, Wisconsin

Dr. George Y. Harvey
Department of Political Science
University of Missouri
Columbia, Missouri

Dr. Jerome Holland
President, Hampton Institute
Newport News, Virginia

Mr. Bradshaw Mintener
Attorney-at-Law
Former Assistant Secretary
U.S. Department of Health, Educa-
tion, and Welfare
Washington, D.C.

Mr. Bobby C. Pappas
Chairman, Louisiana State
Restaurant Association
Monroe, Louisiana

Mr. Alan Campbell Richardson
Manager of the Technical
Advisory Service
California Packing Corporation
San Francisco, California

Dr. R. Blackwell Smith, Jr.
President, Medical College of
Virginia
Richmond, Virginia

Mr. Joseph F. Lakey
Director, Division of Food and Drugs
Texas State Department of Health
Austin, Texas

Dr. Charles Edmund Palm
Dean, New York State College
of Agriculture
Cornell University
Ithaca, New York

Mr. Jack I. Poses
President, Parfums D'Orsay
New York, N.Y.

Mr. I. J. Silverman
President, W. F. Schrafft and
Sons Corp.
Boston, Massachusetts

Dr. Henry Frieze Vaughan
Dean Emeritus, Graduate School
of Public Health
University of Michigan
Ann Arbor, Michigan

FIGHTING VITAMIN QUACKERY

An insert warning the public to BEWARE of being misled with respect to vitamin product promotion is being made available to ALL pharmacists by the American College of Apothecaries according to an announcement by A.C.A. President Wilkins Harden.

The insert, printed in two colors, quotes the statement made by Commissioner Larrick of the Food and Drug Administration at the recent Congress on Medical Quackery.

BEWARE!

"The most widespread and expensive type of quackery in the United States today is in the promotion of vitamin products, special dietary foods and food supplements. Millions of consumers are being misled concerning the need for such products."

GEORGE LARRICK

Commissioner, Food and Drug Administration
before Congress on Medical Quackery

"Before you purchase any such products from anyone, consult your pharmacist or physician—they are the only ones properly trained to advise you and guide you in all drug and vitamin usage."

"In making these available it is hoped that A.C.A. is performing a service to the pharmacist in providing him with some assistance in fulfilling one of his primary roles, namely that of advisor and guide to the public on all drug purchases", Harden stated. "New gimmicks and promotions are literally sweeping the country and the prices charged are far in excess to the costs of many of the high quality vitamin products available through proper and qualified sources."

The inserts are available postpaid at \$3.00 per thousand from

The American College
of Apothecaries
Hamilton Court Hotel
39th & Chestnut Streets
Philadelphia 4, Penna.

PHONY HEALTH AND BEAUTY PRODUCTS

Former Secretary of Health, Education and Welfare, Arthur S. Flemming has proposed a three-step program to help the Federal Food and Drug Administration protect countless women against quacks and charlatans promoting phony health and beauty products.

"There is an unscrupulous segment of the cosmetic industry," Flemming asserts, "who are bilking consumers of millions of dollars annually and jeopardizing their health." These "Miracle Merchants" are marketing dangerous cosmetics and other beauty and health devices that are the bane of the industry.

Writing as a contributing editor in *Good Housekeeping*, Flemming urges that new laws be enacted, so that the administration agency — the FDA — be allowed to do a proper job. They are now bound by an outdated, 1938 law which allows action against cosmetics containing ingredients deemed unsafe — only after such products have been on sale. In '38, the cosmetics industry product was valued at 350 million dollars. Today, the annual value of cosmetic products is one and three quarter billion.

Yet the FDA is completely strangled by outdated laws. Three steps "can and should be taken," Dr. Flemming says, "to reduce health hazards and make it increasingly difficult for these 'miracle merchants' to profit from health and beauty rackets:

"No cosmetic should be placed on the market until the manufacturer has convinced the FDA that it is safe

"No therapeutic claims should be made for cosmetics until they have been cleared by the FDA

"No mechanical devices purporting to aid in treatment of diseases or bring about weight reduction should be offered for sale until the FDA is convinced they are safe and effective."

Adequate safety testing before fly-by-night promoters toss false claims and

dangerous products on the consumer shelves is the only answer, Flemming says.

As it stands today, the FDA can only obtain evidence that proves the product's claims are false, dangerous and misleading after they've been marketed. However, the former Secretary states in *Good Housekeeping*, many consumers have by this time, already relied on the products for medical help. Their lives were endangered — and their pockets already fleeced.

"The ability of quacks to profit at the expense of those who seek beauty and health is indeed a sad commentary on the failure of consumers to organize and demand action," Flemming writes.

STATEMENT REQUIRED BY THE ACT OF AUGUST 24, 1912, AS AMENDED BY THE ACTS OF MARCH 3, 1933, JULY 2, 1946 AND JUNE 11, 1960 (74 STAT. 208) SHOWING THE OWNERSHIP, MANAGEMENT, AND CIRCULATION OF

MARYLAND PHARMACIST, published monthly. at Baltimore, Maryland for October 1, 1961.

1. The names and addresses of the publisher, editor, managing editor, and business managers are:

Publisher: Maryland Pharmaceutical Association, 650 W. Lombard Street, Baltimore 1, Maryland.

Editor: Joseph Cohen, 650 W. Lombard Street, Baltimore 1, Md.

Managing Editor: Joseph Cohen, 650 W. Lombard Street, Baltimore 1, Md.

Business Manager: Joseph Cohen, 650 W. Lombard Street, Baltimore 1, Md.

2. The owner is: Maryland Pharmaceutical Association, 650 W. Lombard Street, Baltimore 1, Md.

3. The known bondholders, mortgages, and other security holders owning or holding 1 percent or more of total amount of bonds, mortgages, or other securities are: None.

4. Paragraphs 2 and 3 include, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting; also the statements in the two paragraphs show the affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner.

5. The average number of copies of each issue of this publication sold or distributed, through the mails or otherwise, to paid subscribers during the 12 months preceding the date shown above was: (The information is required by the act of June 11, 1960 to be included in all statements regardless of frequency of issue.) 1400

JOSEPH COHEN,
Editor

Sworn to and subscribed before me this 6th day of October, 1961.

DAISY E. GUE

My commission expires May 6, 1963.

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APHA REQUESTS JUSTICE DEPARTMENT ACTION ON UNION DRUG BUYING PLAN

American Pharmaceutical Association General Counsel Arthur B. Hanson in a conference with officials of the U.S. Department of Justice has requested appropriate action against the AFL-CIO Union Drug Buying Plan recently established by three South Bend, Indiana, pharmacists and the St. Joseph County AFL-CIO Council.

The action has been requested in what appears to be a clear cut violation of the Federal antitrust laws. The South Bend Union plan provides for "standard prices" for all prescription medications when they are obtained by any of the approximately 45,000 union members associated with the Council. In addition to establishing the initial fee schedule, it is reported that a labor council committee will select or reject co-operating pharmacies participating in the plan and will meet with co-operating pharmacies from time to time to discuss any change of prices. Pharmacies participating in the South Bend Union Plan are Lamont Drug Stores, Lehman Pharmacy and Belleville Pharmacy, all in South Bend.

In taking this action, APhA Secretary William S. Apple cautions pharmacists and pharmacies against involving themselves in such plans.

BILLION SPENT ON QUACKERY

Commissioner of Food and Drugs George P. Larrick said that consumers spend more than \$1 billion a year "needlessly on falsely represented drugs, foods and cosmetics."

Speaking before the National Congress on Medical Quackery at the Sheraton-Park Hotel, Commissioner Larrick said that the cost of vitamin and so-called health food quackery alone has been "estimated conservatively at \$500 million a year." The Congress is being sponsored by the American Medical Association and the Food and Drug Administration.

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Rid-Itch For Athlete's Foot

Now Available at your Jobber

Rid-Itch FREE GOODS OFFER

1 Bottle FREE with purchase of
5 Bottles for a

BIG 44 1/2% PROFIT

Mr. Larrick said that there were three major kinds of quackery from the standpoint of protecting the public by both law enforcement and education—fake medical devices, pseudo science in nutrition, and false claims for drugs and cosmetics.

"From the standpoint of consumer protection the greatest harm being done by quack devices today results from continued use of individual units by local practitioners," he said. "For this reason, we are making public today a list of devices which have been outlawed by court proceedings under the Federal Food, Drug and Cosmetic Act, and which we have cause to believe are still extant and still being used.

"The most widespread and expensive type of quackery in the United States today is in the promotion of vitamin products, special dietary foods, and food supplements. Millions of con-

sumers are being misled concerning their need for such products. Complicating this problem is a vast and growing 'folk-lore' or 'mythology' of nutrition which is being built up by pseudo-scientific literature in books, pamphlets, and periodicals. As a result, millions of people are attempting self-medication for imaginary and real illnesses with a multitude of more or less irrational food items. Food quackery today can only be compared to the patent medicine craze which reached its height in the last century. Especially disturbing is the tendency shown by some big and hitherto respected food concerns to use quackery in their sales material.

"There is a tremendous promotional effort masquerading as nutritional science. So called health 'lecturers and self-styled nutritionists' continuously prescribe various food items to prevent disease and assure good health, while attacking ordinary foods as detrimental to health. Their theories on diet are taken seriously and adopted by many listeners. Analysis of their spiels by competent nutritionists shows them to contain a blend of good and bad advice, but generally calculated to promote sales of products in which the lecturer or the 'nutritionist' has a financial interest."

Mr. Larrick said that promoters of cosmetic quackery seem to "have learned their tricks from the patent medicine boys.

"More and more we are running into what we are sure is rigged research—the study that was set up and written up to support a claim rather than to seek for scientific truth," he continued.

"We have with us today the professional research quack—the M.D. who specializes in arranging for 'tailored studies' of products intended for the over the counter market."

He added that the labeling and ad-

vertising may also be designed to get around the law.

"The label may even be devoid of claims, or they are so stated that expensive studies in advertising psychology or mass communications must be made to determine what ideas and impressions the consumer actually receives from reading this copy," he said.

He appealed for help from health and nutrition educators at all levels to stem the tide of quackery.

ARE "EQUIVALENTS" REALLY EQUIVALENT?

When doctors talk about medicine they are often accused of speaking in terms nobody else can understand. They use technical language because it is more accurate, and medicine demands accuracy.

When laymen talk about medicine they often speak in terms that everybody can understand; but what they say is, to say the least, not always accurate.

The American people have recently witnessed a display of considerable inaccuracy as laymen talked about medicine. It took place during the Kefauver subcommittee investigation of the prescription drug industry and has continued in subsequent hearings on the Kefauver-Celler Bill (S. 1552, H.R. 6245).

Over and over again, for example, it was said that "generic equivalents" of brand-name drugs—to be defined in a minute—will give the American people the same top quality medicine as is offered today by brand name drugs. Many people have been talking as though this statement were true, as though the only question now to be settled is the kind of legislation needed to bring Americans the supposed benefits of the generic "equivalent." But is the statement true?

Medicines are today prescribed by both trademarked names and by non-

proprietary or generic names, and the controversial "equivalent" is defined by its advocates as a product that is exactly the same as a trademarked product, although made by a different manufacturer. It is to be sold under its generic, or common, name rather than under a manufacturer's trade name.

The truth of the matter is that you cannot legislate such equivalents into being. Preparations of the same medicine made by different manufacturers are almost certain to be different. It has been shown that very slight changes in production methods—differences in the size of particles, in the type of binders and of coatings—make marked differences in the drug's effect on the patient.

Drug manufacturers and experts in pharmacy have been saying this ever since the Senate hearings got under

way. Now Drs. Gerhard Levy and Eino Nelson, both professors of pharmacy, have published in the Journal of the American Medical Association an article nailing down the fact that generic "equivalents" may not be equivalent at all.¹

The scientists reviewed many studies of the subject and found that the difference between brands of the same drug is often "therapeutically significant"—that two drugs having the same active ingredients may affect patients in different ways. In one case, the authors report that a change from one brand to another 'might even result in death.'

Levy and Nelson are not alone in their findings. Other scientific studies have shown that "equivalents" are not really equivalent.

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W. P. Boger and J. J. Gavin,² for example, found that supposedly "equivalent" capsules of the antibiotic tetracycline, made by different manufacturers, produced greatly varying concentrations of the chemical in the blood. The filler used by some companies, it was discovered, had the effect of slowing down absorption of the drug.

A. B. Morrison and associates³ found that the amount of riboflavin absorbed by the body from eight different multivitamin tablets varied from 81% of the labelled amount of riboflavin down to 14% because of varying disintegration times of the tablets.

W. Keller⁴ made a study of supposedly equivalent tablets of prednisone made by two companies. He found therapeutic differences between the two products of such magnitude that, when patients on product A were switched to product B, the healing process stopped or was reversed. Levy and Nelson believe that these differences must be due to variations in the method of producing the two products.

There is a widespread belief that the therapeutic efficacy of a pharmaceutical product can be determined merely by carrying out the applicable USP assay for the drug content. But this is not necessarily so. Almost all pharmaceutical products contain ingredients other than the active drug, and the manufacture of these products involves a series of operations—mixing, compressing, coating, heating, filtering. Any of these operations, if improperly controlled, may significantly affect the therapeutic performance of the preparation without the assay showing any deviation of the drug content from "official standards."

When a lay magazine recently published an article favoring generic rather than brand-name prescribing, Dr. W. S. Apple, Secretary of the American Pharmaceutical Association, sent the publisher a telegram attack-

ing the myth of generic "equivalence." He expressed the truth in a nutshell:

Your article supports the false thesis that all dosage form medicines containing the same chemically active ingredients are therapeutic equivalents. Drugs of a single generic name are not necessarily the same.

Levy and Nelson and others have shown us that false thinking—and talking—about "equivalents" is a real risk. They have shown—with scientific proof—that generic "equivalents" often are not really equivalent.

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**"IN UNITY THERE IS
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In sorrow the thoughts of your
friends blends with yours.

**DEATH COMES TO EXECUTIVE SECRETARY
JOHN W. DARGAVEL OF THE N.A.R.D.**

Dr. John W. Dargavel, 67, Chicago, secretary, executive secretary and general manager of the National Association of Retail Druggists since 1933, died suddenly in Chicago on October 9, 1961.

Dr. Dargavel, a national leader of the drug industry and a prominent authority on drug store distribution, was graduated from the College of Pharmacy of the University of Minnesota in 1915. For a time after graduation from the College of Pharmacy, he was employed in a drug store in Minneapolis and later as a detailman for a manufacturer in the drug field. Then in 1917 he purchased a drug store in Minneapolis and he operated the business until 1937.

In 1922 he was elected president of the Minneapolis Retail Druggists Association. Then in 1923 he was appointed secretary of the Minnesota State Board of Pharmacy. He continued in the latter office for 11 years.

Meanwhile, he served a term as vice president of the American Pharmaceutical Association and also of the National Association of Retail Druggists. Furthermore, he was chairman of the Druggists Research Bureau. Dr. Dargavel was elected president of the N.A.R.D. in 1931 (the youngest man to hold the office in the history of the organization) and in 1932 he was named chairman of the board of the N.A.R.D. The national recognition he had attained came from distinctive contributions he made in efforts to improve the economic status of the independent druggists.

He continued to strive to insure the progress of pharmacy and in 1933 he accepted the office of secretary and the position of general manager of the National Association of Retail Druggists.

Over the period of the last 28 years he had directed the operation of the organization and in the capacity of editorial director he has been responsible for the publication of the N.A.R.D. Journal.

Dr. Dargavel received the honorary degree of Doctor of Pharmacy from the Rhode Island College of Pharmacy and Allied Sciences in 1943, in recognition of the contributions he made to pharmaceutical education in the United States. He was a member of the board of directors of the Health Information Foundation.

Dr. Dargavel for many years had been convinced that it is essential to have a strong system of small business to preserve liberty in America. He believed it is vital to prevent monopoly and the destruction of opportunity that come with cutthroat competition in the marketplace. Accordingly, he was a staunch supporter of stabilized prices through Fair Trade. Dr. Dargavel was a founder and the chairman of the Bureau of Education on Fair Trade.

In October of 1951 at the 53rd annual convention of the N.A.R.D. he received the Award of Achievement by the University of Minnesota.

He received the 1952 Annual Merit Award from the Delta Kappa Sigma Alumni Association.

To memorialize the name, spirit and accomplishments of Dr. Dargavel, the John W. Dargavel Foundation was established in 1952 and it was endorsed by the convention of the N.A.R.D. held in 1953. The purposes of the Foundation are: (1) To make available to individual retail druggists funds to be used to assist them to re-establish their respective businesses which have suffered damages from fire, flood, tornado or other acts of God. (2) To provide relief in the form of outright gifts to individual druggists to help them through periods of emergency, such as serious illness, accidents and similar situations, which the recipients are unable at the time to finance for themselves. (3) To

assist students of pharmacy to finance their professional education.

Dr. Dargavel was selected the "Man of the Year in the Drug Field" for 1954.

Dr. Dargavel enjoyed international recognition as an authority on Fair Trade. He made a trip in 1955 to England in response to a request from the Proprietary Articles Trade Association of Britain to come to London to confer with business leaders on strategy to adopt in order to preserve the system of resale price maintenance in England.

In 1958 Dr. Dargavel received the "Man of the Year" award from the Independent Retail Druggists of Quebec, the first man from outside Canada to be selected for the award.

The New York Retail Druggists on April 19, 1959, sponsored a testimonial dinner in honor of Dr. Dargavel in recognition of 25 years of distinguished service as executive secretary of the N.A.R.D.

Dr. Dargavel on October 5 was elected secretary of the National Association of Retail Druggists for the 29th consecutive term at the 63rd annual convention of the N.A.R.D. held at Miami Beach, Florida.

John Dargavel was a fighting personality in the interest of pharmacy who will be sorely missed.

WALTER HENRY HARTUNG

1895 - 1961

Dr. Walter H. Hartung, professor of pharmaceutical chemistry and chairman of the department of chemistry and pharmaceutical chemistry at the Medical College of Virginia, died unexpectedly September 29, 1961 at his home, 3625 Pinebrook Drive, Richmond, Virginia. He was 66.

Nationally known for his work in synthetic medicinal chemistry and the correlation of chemical structures with physiological activity, Dr. Hartung held a number of patents for discoveries in drug chemistry. He had written many published articles and was co-author

of the first American book in the field of drug chemistry. He was also the editor of Volumes V and VI of "Medicinal Chemistry." Dr. Hartung was a winner of the Ebert Prize of the American Pharmaceutical Association for work with amino alcohols and amino acids.

A native of Minnesota, Dr. Hartung received a B.A. degree from the University of Minnesota in 1918 and his Ph.D. degree from the University of Wisconsin in 1926. He was a veteran of World War I, having served with the U.S. Marine Corps in France in 1918.

He was at one time associated with a pharmaceutical manufacturer in Baltimore and Philadelphia and lectured at Temple University. In 1936 he went to the University of Maryland as professor of pharmaceutical chemistry and chairman of that department. He joined the staff of the University of North Carolina in 1948 in a similar capacity. Dr. Hartung joined the Medical College of Virginia staff in 1956.

Dr. Hartung was a fellow of the American Institute of Chemists, the American Association for the Advancement of Science and the New York Academy of Science. He was a past chairman of the division of medicinal chemistry of the American Chemical Society and past chairman of the Maryland section of the same society. He was also a member of the American and Virginia Pharmaceutical Associations, as well as the American Chemical Society. Fraternity memberships included Sigma Xi, Phi Lambda Upsilon and Rho Chi, honorary fraternities, and Alpha Chi Sigma and Phi Delta Chi. A lifelong Lutheran, he was a member of the Redeemer Lutheran Church in Richmond and a teacher of an adult Bible class.

At the time of his death, he was serving as a member and in some instances chairman of a number of Medical College committees. He was also a member of the N.I.H. panel on medicinal chemistry, a member of the Committee on Revision of the U.S.P.

(serving on sub-committees 7 and 8), a representative of the U.S.P. to the nomenclature committee of the U.S.P. and A.M.A., a councilor of the Richmond chapter of the A.I.C. and president of the Richmond chapter of the American Association of University Professors.

The esteem and respect with which Dr. Hartung was held is exemplified by these quotations from the editorial in the *Journal of Pharmaceutical Sciences* for October 1961:

"During his long career and many productive years, Dr. Walter H. Hartung was a most unusual individual in several respects. He was an accomplished educator, author, research scientist, and perhaps above all else, a fine gentleman.

"A pioneer in the field of drug chemistry, one of several textbooks which he co-authored on the subject is said

to be the first American book in this field. He enriched the faculties of four large universities through his services. In addition to his lectures he inspired and guided the graduate research of a large number of devoted students. The numerous high quality research publications, his various oral reports at scientific meetings, and the two volumes which he edited in the series titled "Medicinal Chemistry", all attest to the high degree of his competency in the field.

"Dr. Hartung was unique, however, in that he never sought honor, prestige, nor glory. On the contrary, his characteristic personal humility and gentle kindness made a deep impression on all with whom he came in contact."

Dr. Hartung will be long remembered with love by his former students and colleagues at the University of Maryland School of Pharmacy.

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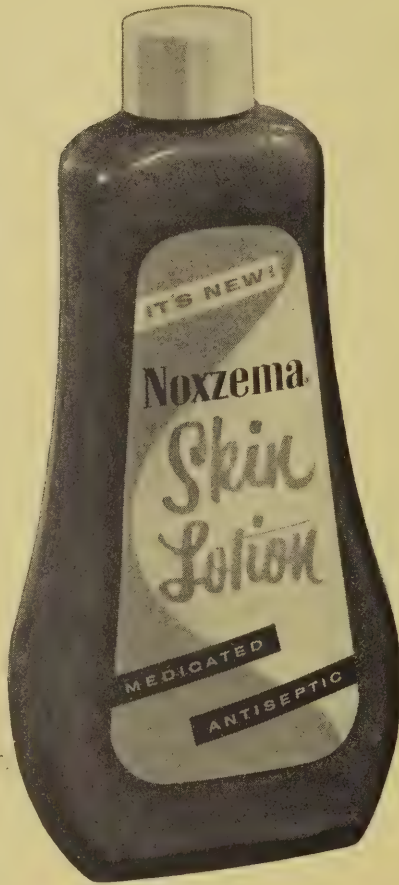
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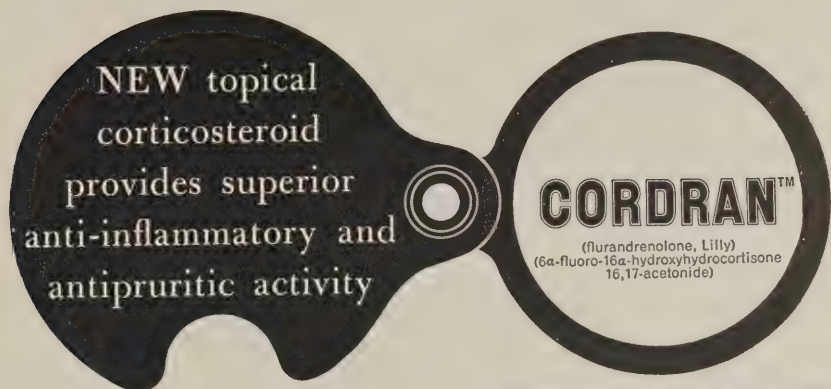
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The cream base is composed of stearic acid, cetyl alcohol, liquid petrolatum, polyoxyl 40 stearate, ethyl parahydroxybenzoate, glycerin, and purified water. The ointment base is composed of white beeswax, cetyl alcohol, sorbitan sesquioleate, and white petrolatum.

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Patients with superficial fungus or yeast infections should be treated with additional appropriate methods and must be under constant medical observation.

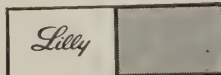
Although sensitivity has not been reported, a few individuals may be sensitive to these preparations. If any reaction indicating sensitivity is observed, discontinue the use of the product. If a patient has a proved idiosyncrasy to neomycin, another antibiotic may be used along with Cordran.


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— NATHAN I. GRUZ, Editor —

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... Editorial ...

DOES PHARMACY REALLY WANT FAIR TRADE?

We would all agree that Fair Trade is the foundation upon which small retail business depends for economic survival.

In the past few years the trend toward the concentration of retail and distribution businesses into large corporate, interstate enterprises has accelerated. The tempo of mergers has also increased, with large multi-unit organizations gobbling up small chains and with firms crossing merchandise boundaries. The lines of demarcation between drug, food, variety and department stores is rapidly becoming obliterated.

In the place of "bargain store" and "cut-rate store" we have the new magic word: "discount store."

Already, reports indicate that in the areas where discounting first appeared there has been a leveling of their price appeal. The more successful discounters are expected to approach patterns closer to normal retailing, although they will try to keep their "discount" images. Mail order plans may also have reached the peak of their appeal as retailers prove the advantages of community service.

But does pharmacy really want Fair Trade? If pharmacy does then we must see the following actions demonstrated:

1. Pharmacists must give their full support and contribute to those associations, funds and groups working for the preservation of Fair Trade.

2. Retailers and wholesalers must at all times maintain Fair Trade prices.

3. Everyone must commend and cooperate with manufacturers who vigorously support Fair Trade.

4. Everyone must contact manufacturers who do not attempt to maintain their Fair Trade prices.

5. Everyone must inform his senators and congressmen that Fair Trade is essential to the survival of small business in America.

Inaction and apathy on our part can only lead to defeat.

However, if every pharmacist and everyone allied with pharmacy shows by these ACTIONS that he demands and is entitled to this equal opportunity in the market place then national Fair Trade can be a potent reality.

A GOOD ASSOCIATION DOESN'T "JUST HAPPEN"

ALL THE MEMBERS MUST WORK FOR IT

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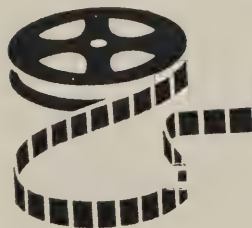
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PRESIDENT'S MESSAGE

Dear Fellow Pharmacist:

Many pharmaceutical leaders have been pointing out that in the critical period we are in right now the fate of pharmacy for a generation to come will be decided.

Among the many problems to which we must give our attention and thoughtful study is our approach to the method of computing what we will charge our clientele for prescriptions.

Traditionally, pharmacists have been married to the concept of "percentages" and "mark-ups." These ideas are rapidly becoming obsolete in the dynamic economic changes of America today.

To be concerned with obtaining an arbitrary percentage figure for each and every prescription dispensed has become an unrealistic practice for the pharmacist today. Each pharmacist should first determine for **himself** what it costs **him** to fill a prescription. The figure thus obtained will be the one that must be added to the cost of drug and container in order to arrive at a break-even point.

The "cost of filling a prescription" figure which a pharmacist determines for his own prescription operation must be used carefully as only a guide. Certainly, most of us will use a different approach to pricing prescriptions for: (1) O-T-C preparations, (2) prescriptions for legend drugs dispensed in trade package quantities, (3) prescriptions for "broken" container quantities, and (4) compounded prescriptions.

Most important, I think, is the question of arriving at prices that are equitable to all for relatively high priced medication. I believe we should see if our prices for prescriptions of low-cost drugs incorporate a sufficient margin to accommodate our costs and professional fee; and, at the same time, we must seriously investigate how we can accommodate our pricing on higher-priced or maintenance type of drugs.

Perhaps the answer may be in using a system of professional fees which would advance the proposition that the pharmacist is a true professional in the discharge of his primary public health responsibility of compounding and dispensing prescriptions. In the past few years an increasing number of pharmacists throughout the country have been adopting a policy of professional fees in pricing prescriptions. The reports in pharmaceutical journals indicate that reactions from both the public and physicians have been in the main favorable. There are of course a number of details involved in this approach to take care of O-T-C preparations, broken packages, and so forth. Each pharmacy must have its own way of handling specific situations.

The main point I would like to make is that traditional approaches to pricing must be re-evaluated. It is the number of dollars left at the end of the year (and not percentages) which determines whether compensation for our time, effort, education, life-and-death responsibilities, and investment, is proper and just to both the pharmacist and the public.

Let us all be alert to change and progress both in the professional and economic areas of our pharmaceutical practice.

Sincerely,
NORMAN J. LEVIN
President

YOU, TOO, CAN OPEN A PHARMACY...



if you will invest in years of training...

It generally takes five years to obtain a degree from an accredited college of pharmacy. Then, to satisfy your state's licensing requirements, you must complete an apprenticeship and pass the State Board examination (an exhaustive test of your theoretical and practical pharmaceutical knowledge). Then, to really learn the business, you may spend two to five years working for some other registered pharmacist.

if you can arrange the financing...

National surveys have shown that you should be prepared to spend \$11,000 for the fixtures and technical equipment you must have in the "average" drugstore; and invest \$20,000 in a permanent inventory of the best possible variety of available drugs (several hundred new drugs appear yearly). Then, in order to cover initial operating expenses, you must have \$2,500 in cash on hand. You must further expect to spend \$2,400 for a year's rent and \$9,000 annually for "other" expenses, including 12 types of personal and casualty insurance to compensate for accidental injuries to people on your premises, fire, theft, even for "misinterpretations of patrons' instructions." Finally, figure on a weekly payroll (for clerks, messengers) just less

than \$200, and in addition, of course, your own salary.

if you can wait for slow returns on a continuing investment...

Besides your training and financing, your greatest investment will be in time: the long hours you will spend working in the pharmacy; the time you must devote in your continuous professional education; the time it will take to establish yourself in the community. Once physicians, dentists, nurses and their patients know they can rely on you, you will have the great satisfaction and responsibility of being of vital service to your community. But only hard work and time will help you develop your community standing so that eventually you have the "average" drugstore. Then you will find that the returns on your financial investment are both slow and small. The "average" pharmacy shows a profit of 5 to 6 per cent. A profit, incidentally, you might obtain *without* special knowledge and effort from many another good investment.

Overwhelmed? If not now discouraged, join the more than 100,000 dedicated men who are America's licensed pharmacists rendering their unique and vital services in their communities.

This advertisement is prepared as a Pfizer professional service to pharmacists. Statistics were provided by Drug Topics, Inc. A reprint, mounted for display in your pharmacy, is available without charge. To obtain your copy, fill out and mail the coupon.

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Secretary's Script . . .

A Message from the Executive Secretary

From talking with pharmacists I believe we can conclude that we are all more interested in the activities of the world of pharmacy than we were just a few years ago.

The evidence lies first in the increasing enrollment of pharmacists in their professional organizations. It is seen in a greater militancy, a more avid desire for information, and a more acute awareness of problems.

We can see that interest in the professional and economic issues of pharmacy has become not only broader, but deeper as well. We see the beginnings of a recognition that many of the practices of the past were traps for the unwary and that today the road to professional preservation is paved by supporting organizations that can provide strength through unified efforts.

In Maryland progress is being made in securing improved professional status through greater inter-professional efforts. The professional relations committees have been working over the years and their efforts are bearing fruit. Pharmacists are appearing on more programs of the medical and dental professions. The Maryland and Baltimore associations are regular participants in the exhibits at conventions of the medical and dental societies.

The Associations are consulted on programs affecting the provision of

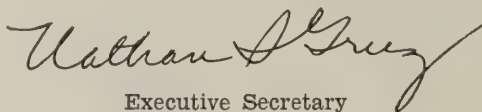
drugs. Pharmacists are integral members of governmental boards and committees concerned with the pharmaceutical aspects of medical care and public health.

Community and civic organizations are granting greater recognition to the necessity of including pharmacists in their activities. Legislative bodies are according increasing importance to the role of the pharmacist.

The professionally oriented pharmacist finds he receives sympathetic support from both his patrons and physicians in counter-acting the threats of unscrupulous interlopers in the realm of prescription practice. When the pharmacist emphasizes the contributions and services of the community pharmacy in contrast to the dangers and impersonal relationship that the patron of mail order or superhighway emporium is exposed to, he finds a growing appreciation of the vital role of the pharmacy that is available nearby at all hours.

Through collective association efforts, we can stem the tides of professional and competitive trespassers. I look forward to seeing more of you participate in the Maryland Pharmaceutical Association committees that work constantly to translate ideas, plans and programs into effective action.

Sincerely,



Executive Secretary



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Protecting your customers' health is your duty. Sweetheart Sanitary Wrapped Drinking Straws afford this necessary protection and your customers will show their appreciation through increased patronization. No extra charge for your "Personalized" advertising imprinted on wrappers.

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Item	F.T.M.
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" — 50's79
" —100's	\$1.25

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Item	F.T.M.
Bayer Aspirin—300's	\$1.79
Midol Tablets—12's39
Phillips Milk Mag.—Reg. & Flav. 4 oz.33
Phillips Milk Mag.—Reg. & Flav. 12 oz. ....	.63
Phillips Milk Mag.—Reg. & Flav. 26 oz. ....	.99
Phillips Milk Mag. Tabs— 75's ..	.63
Phillips Milk Mag. Tabs—200's ..	\$1.19
Haley's MO Reg. & Flav.— 8 oz. ..	.59
Haley's MO Reg. & Flav.— 1 pt. ..	.99
Haley's MO Reg. & Flav.— 1 qt. ..	\$1.59
Fizrin— 8's .....	.39
Fizrin—24's .....	.69

CARTER PRODUCTS

Item	F.T.M.
Nair Cream Depilatory— Plastic Tube—4 oz.	\$1.19 plus tax

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Item	F.T.M.
Bufferin— 36's63
" — 60's89
" —100's	\$1.29

AR. WINARICK, INC.

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Item	F.T.M.
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Coppertone Oil—Aerosol Can— 6 oz.	No Change
Coppertone Lotion—Plastic Tube 2 oz.79
Coppertone Lotion—Plastic Tube 4 oz.	\$1.35
Coppertone Lotion—Plastic Bottle 4 oz.	1.35
Coppertone Lotion—Plastic Bottle 8 oz.	2.50
Coppertone Cream—Tube—3 oz. ..	1.35
Q.T. Lotion—Tube—2 oz.	No Change
Q.T. Lotion—Plastic Bottle, 4 oz. ..	2.39
Q.T. Lotion—Plastic Bottle, 8 oz. ..	3.99
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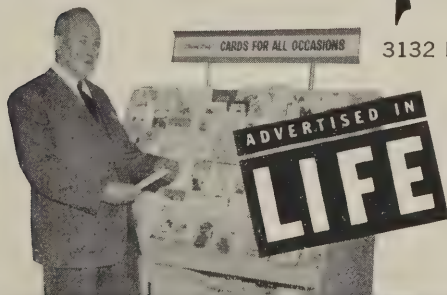


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Maryland Board of Pharmacy

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MARYLAND BOARD OF PHARMACY GRANTS REGISTRATION

The Maryland Board of Pharmacy met at the office of the secretary, 301 West Preston Street, Baltimore, on Wednesday, December 6, to canvass the grades made in the examinations conducted by the Board on October 23, 24 and 25, 1961. Registration was granted to the following:

Arnold Leroy Amass
Paul Richard Bergeron, II
William Hugh Fearer
Harold Isadore Fingerhut
Henry Thomas McLamb
Leonard Rosenberg
Jacob Rothmel
Francis John Tinney

The following had previously passed the theoretical examinations, and by virtue of having passed the practical examination at this time, registration was granted to them:

Edward Ralph Babst
Richard Dewey Baylis
Lawrence Yale Block
Kenneth Bennett Bozman
Alan Wolf Brilliant
Harvey Cohen
Frank Felix Cwynar, Jr.
Jerome Allen Danoff
Joel Samuel Davis

Louis Diamond
Vincent Robert DiPaula
Gerald Norman Freedenberg
Gerald Stanford Gordon
Elliott Greenblatt
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Harry Hamet
William Joseph Heinrich
Marta Hoffman
George Herman Huber
Morton Keroes Hyman
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Zoe Carroll Robinson
Irvin Silen
Martin Joseph Sopher
Janice Phillips Stank
Robert Benjamin Stiekman
Peyton Orenzo Stime
James Patrick Struntz
William Tabak
Frank Joseph Tamberino
Vito Tinelli, Jr.
Walter Douglas Walkling
Phillip Paul Weiner
Leonard Louis Winkleman
Irvin Yospa
Warren Gerald Zerwitz

DRUG STORE CHANGES

The following are changes in drug stores for November and December:

New

Gem Drug Company, Inc., Robert D. Presler, Pres., 6501 Baltimore National Pike, Baltimore 28, Maryland.

William C. Chatkin, Chatkin's West-End Pharmacy, 819 Washington Avenue, Hagerstown, Maryland.

Lee's Pharmacy of Quarterfield, Inc., Leon Greenberg, Pres., 801 Crain Highway, S. E., Glen Burnie, Maryland.

Temple Hills Pharmacy, Harry M. Rayman, Pres., 2339 Dallas Drive, Temple Hills Washington 21, D.C.

Watermont Pharmacy, Inc., Donald J. Dagold, Pres., Waterloo and Montgomery Roads, Ellicott City, Maryland.

Drug Fair, No. 54, Suitland Drug, Fair, Inc., M. L. Elsberg, Pres., 7953 Annapolis Road, Lanham, Maryland.

Drug Fair, No. 56, Suitland Drug, Fair, Inc., M. L. Elsberg, Pres., 4101 Branch Avenue, Marlow Heights, Maryland.

Summit Hill Pharmacy, Rudolph F. Winternitz & David H. Hillman, Partners, 8522 Sixteenth Street, Silver Spring, Maryland.

Peoples Service Drug Stores, Inc., No. 226, Bel Air Shopping Center, Bowie, Maryland.

Read Drug & Chemical Company, Southview Shopping Center 10 N. W. Hammonds Lane, Baltimore 25, Maryland.

Closed

Read Drug & Chemical Company, 503 York Road, Towson 4, Maryland.

Change of Ownership

Charing Cross Pharmacy, Inc., Robert Stofberg, Pres., 5228 Baltimore National Pike, Baltimore 29, Maryland. Formerly: Charing Cross Pharmacy T/A Sun Ray Drug Company, Harry S. Sylk, Pres.

Westview Pharmacy, Robert Stofberg, Pres., 5708 Baltimore National Pike, Baltimore 28, Maryland. Formerly: Sun Ray Drug Co., Harry S. Sylk, Pres.

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NOTES ON THE EARLY HISTORY OF PHARMACY IN MARYLAND

By **B. Olive Cole**, Chairman of the
Publications Committee

Looking backward to 1904 a Maryland pharmacist might congratulate the Board of Trustees and the Faculty of the Maryland College of Pharmacy, then an independent membership organization, on their decision to amalgamate with the professional schools of the University of Maryland, in an improved location on the east side of Greene Street, under desirable and stimulating influence of university life.

Ample and attractive facilities were granted to the Department of Pharmacy. The pharmaceutical laboratories were established in a conveniently constructed and well-lighted new Dental building. Chemical and microscopical laboratories were used by students of pharmacy, as they were by medicine and dentistry, in the Gray laboratory of the medical building. Lectures were held in the Gorgas hall of the Dental building and in the amphitheatre of the Medical building. The University furnished quarters, fuel, gas and water at a stated annual payment per student.

The officers of the Maryland College of Pharmacy in 1904 were:

President — Charles E. Dohme
First Vice-President—Henry A. Elliott
Second Vice-President—John C. Muth
Treasurer—Samuel Mansfield
Secretary—Charles H. Ware
Board of Examiners—John A. Davis
J. Edwin Hengst, Louis Schulze

The entire faculty and corps of instructors formerly engaged at the college building on Aisquith Street, were retained and the courses of instruction were continued as before, with the regular sessions of junior and senior

classes extended to cover a period of thirty-two weeks each.

In 1904 the over-all administration of the revered and venerable University of Maryland, organized in 1807, was vested in a Board of Regents headed by Bernard Carter of St. John's College as Provost, four members of the faculty of the Department of Pharmacy — Charles Caspari, Jr., Daniel Base, D. M. R. Culbreth and Henry P. Hynson, being members of the Board of Regents.

The members of the major and adjunct faculty were:

William Simon, Emeritus Professor of Chemistry

Charles Caspari, Jr., Ph. G., Professor Theoretical and Applied Pharmacy and Dean of the Faculty

David M. R. Culbreth, A.M., Ph. G., M. D., Professor of Materia Medica, Botany and Pharmacognosy

Daniel Base, Ph. D., Professor of Chemistry and Vegetable Histology

Henry P. Hynson, Ph. G., Professor of Dispensing and Commercial Pharmacy

Adjunct faculty—

Charles Schmidt, Ph. G., Associate Professor of Pharmacy

John P. Piquett, Ph. G., Associate Professor of Materia Medica and Botany

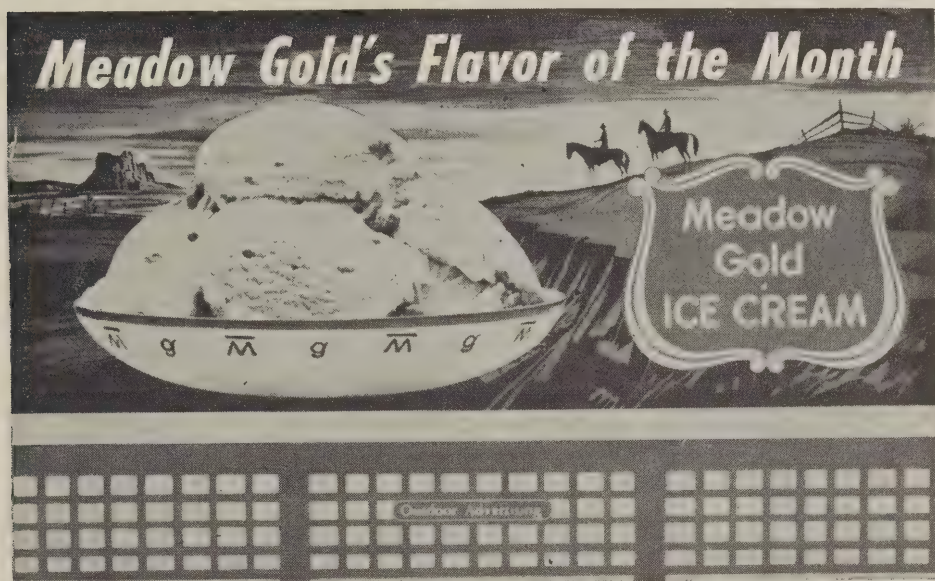
H. A. B. Dunning, Ph. G., Associate Professor of Chemistry

Henry L. Troxel, Ph. G., Demonstrator of Chemistry

Frantz Taylor, Ph. G., Demonstrator of Dispensing

E. F. Kelly, Phar. D., Demonstrator

The major faculty of the Department of Pharmacy had control of the internal affairs of the Department. The members of the faculty gave their untiring devotion to the work of the Department of Pharmacy, often with only



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token payments for their services. Notes on some of the faculty members follow.

Dr. Charles Caspari, Jr. was born on May 31, 1850 in Baltimore, the son of the pharmacist Charles Caspari, Sr. of Hanover, Germany, and the former Louise S. Kleyensteuber of Bremen. Dr. Charles Caspari, Jr. possessed that thorough and diversified education which was to be reflected in his work as author, teacher and editor. He was a pupil of Dr. Scheib of the Zion Lutheran Church, attended the Academic Department of the University of Maryland and was a pupil of Dr. E. A. Dalrymple, Presbyterian Minister at Cathedral and Mulberry Streets. At the age of fifteen he was thoroughly familiar with English, German, Latin and Greek, as well as with mathematics. He graduated from the Maryland College of Pharmacy in 1869. In 1865 he was apprenticed under Louis Dohme in the retail store at Pratt and Howard Streets at the munificent salary of seventy-five dollars per year.

Upon the death of his father in 1870, he conducted the retail pharmacy at 44 South Gay Street, Baltimore. He also conducted a retail store at Carey Street and Harlem Avenue and another at 800 West Baltimore Street, selling the latter in 1891. The colored porter who had been with Dr. Caspari in the three stores continued with the pharmacist who purchased the store in 1891.

Dr. Caspari received the honorary degree of Doctor of Pharmacy on May 13, 1905 at the commencement exercises of the Schools of Medicine and Pharmacy, the occasion marking the completion of the twenty-fifth year of his Professorship. A nine-piece of solid silver service of beautiful design was presented to him at the banquet following the commencement exercises.

The great interest of Dr. Caspari lay with the Maryland College of Pharmacy. In 1879 he became Professor of Theory and Practice of Pharmacy. He established the laboratory course in pharmaceutical manipulations in 1883,

and was the first to teach the course in practical pharmacy. He was Dean of the Faculty from 1896 until his death in 1917.

Dr. Caspari participated in the Centennial Celebration of the University of Maryland held May 30 to June 2, 1907, as a member of the Committee on Academic Ceremonies, a member of the Banquet Committee, of the Committee on Publications of the Memorial Volume, and was also an Associate Editor of the History of the University of Maryland (1807-1907).

He joined the American Pharmaceutical Association in 1883. In 1894 he was made its secretary, a position he retained until he resigned in 1911. He edited the voluminous Proceedings of the Association. He served on many committees: Membership, Auditing, First Pan-American Medical Congress, 1893, Washington, D. C.; Publications Centennial Fund, Scientific Papers, etc. He made reports of the financial accounts in care of the secretary, such as National Formulary Receipts and expenditures, and a summary of the receipts and expenditures of the Association from 1888 to 1906, guarding the interests of the Association with fidelity and unceasing industry. A gold watch bearing the inscription: "Charles Caspari, Jr. (1894-1911) American Pharmaceutical Association." was presented to him. The watch is now possessed by his grandson, Fred W. Caspari, Jr.

Dr. Caspari served as a member of the committee that compiled the first edition of the National Formulary in 1888, and also served in connection with the N. F. II in 1896 and for the third edition published in 1906. He was a member of the United States Pharmacopoeia VIII and IX, serving on the sub-committee on Nomenclature for both editions and as Vice-President of the Convention for the decade 1910-1920. He Collaborated with the editors of the National Standard Dispensatory in the editions 1895, 1906, 1910 and 1916.

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Dr. Caspari found time to write a textbook on pharmacy — *TREATISE ON PHARMACY* and published five editions of the treatise — 1895, 1906, 1910 and 1916, which was a text used in many colleges of pharmacy.

In 1910 the General Assembly of Maryland passed an Act to prevent the manufacture of inferior Drugs and Foods to regulate traffic therein and punish violations of the provisions of the Act. Dr. Caspari was selected as the first Food and Drug Commissioner and was well qualified by acquirements and temperament for the position. He was then sixty years old and did not relinquish his position as Dean and Professor of pharmacy in the Department of Pharmacy of the University of Maryland. He protected the public from fraud, raised the food and drug standards of the State, and gained the admiration of those concerned, for his fairness and impartiality.

During the last three years of his life Dr. Caspari was Lecturer on Pharmacy at the Johns Hopkins Medical School.

Dr. Caspari died on Saturday, October 13, 1917 as he was preparing to go to the office of the State Board of Health.

At the conclusion of the Memorial Meeting for Dr. Caspari on October 23, 1917, a committee was formed to solicit donations to a fund, which was used to provide a portrait of Dr. Caspari for the School of Pharmacy and loans for worthy students. Recently the fund has been augmented by further donations and is held in the endowment funds of the University of Maryland for loans to senior students in the School of Pharmacy.

Industry, broad knowledge and unselfishness were manifested by Dr. Caspari at all times. Honesty was an inalienable birthright of his. Someone asked him what was his strongest characteristic and he replied "Championing the just cause and seeing its consummation." Frankness, love of

truth and dependability made everything he said valuable to the entire pharmaceutical profession.

Dr. Caspari was physically small, with hurried elastic step; rather quick speech, strong penetrating voice, uttered and received without effort — no inflection; dark hair, moustache and full beard, closely trimmed; finely chiselled head, features suggestive of bravery and courage, controlled by a disposition most cordial and sympathetic; mentally gifted, alert, receptive, reliable in thought, statement and work, generous with help and knowledge, but exceedingly modest, shunning publicity.

Dr. Caspari found time for some pleasures. He was fond of the theatre, especially the Shakespearean plays and often attended Baltimore's Holliday Street Theatre when in its heyday. Actress Maggie Mitchell of that era was a particular favorite of Dr. Caspari. He also enjoyed skating with friends, and often would skate from Light Street to Fort Carroll when the harbor was frozen. On one occasion he broke through the ice when skating in Druid Hill Park and stood on the rear of the street car on his way home as his clothes were frozen stiff. He also coasted on his sled down Lexington Street from Charles to Holliday Street.

Dr. Daniel Base influenced the life of the students and particularly their knowledge of chemistry during his professorship at the School of Pharmacy. He attended the public schools of Baltimore, graduating from Baltimore City College in 1888. He entered the Johns Hopkins University, specializing in chemistry. He received the degree of A.B. in 1891 and the Ph. D. degree four years later.

In 1895 Dr. Base became an associate professor of chemistry and professor of microscopy in the Maryland College of Pharmacy. He was closely associated with Dr. William Simon and Dean Charles Caspari, Jr. He became professor of chemistry when Dr. Simon retired in 1902 and served in that

capacity and as professor of vegetable histology until he retired in 1920. He was secretary-treasurer of the faculty from 1914 to 1920 and was Dean of the School of Pharmacy for one year following the death of Dr. Caspari in 1917. Following World War I Dr. Base had leave of absence for one year to teach biological chemistry in the School of Medicine of the University of Maryland.

Dr. Simon was the original author of Simon's Manual of Chemistry, which passed through some thirteen revisions. Dr. Base was co-author of the manual after the seventh or eighth revision and John C. Krantz, Jr., revised the last edition. Dr. Base was a member of the Maryland Pharmaceutical Association. He joined the American Pharmaceutical Association in 1898 and was secretary of the Scientific Section for 1905-1906.

In 1920 Dr. Base became head of the laboratory and research department of Hynson, Westcott and Dunning and enjoyed that connection until his serious illness in November 1925. He died at the Johns Hopkins Hospital on June 17, 1926.

Dr. Base was a man of strong personality and imbued his students with a desire to excel. He was a real scientist and held the regard and friendship of his co-workers. Dr. John C. Krantz, Jr. was one of his appreciative students and in 1928 dedicated the TREATISE ON PHARMACEUTICAL CHEMISTRY which he wrote "To the memory of a noble and wholesome life of a patient teacher and friend — Daniel Base, Ph. D." Work was the pride and joy of Dr. Base. Meticulous in his speech, painstaking in the pursuit of his science, his inspiration was derived from the spirit of investigation. His life was the embodiment of the words of Chaucer, "And gladly would he learn and gladly teach."

The father and mother of Dr. Base operated a bakery on Schroeder Street, Baltimore, and it was his pleasure, and perhaps duty, to visit them each day.

He referred to the bakery as his mid-way stopping place. Dr. Base had many trite and illuminating expressions, one of which was "He always saw the hole in the doughnut." He is remembered with esteem by many students of the University of Maryland.

TRIETHANOLAMINE AND SIMILAR AMINES

By B. F. Allen*

Triethanolamine, N. F., is a mixture of alkanolamines consisting largely of triethanolamine admixed with various proportions of diethanolamine and monoethanolamine.^a It has an alkalinity equivalent to not less than 6.7 ml. and not more than 7.2 ml. of IN acid for each Gm. of triethanolamine. The substance is a colorless to pale yellow, viscous, hygroscopic liquid^b having a slightly ammoniacal odor. It is miscible with water or alcohol and is soluble in chloroform.

In addition to the aforementioned properties, triethanolamine darkens on exposure to air and is slightly soluble in benzene as well as ether. An aqueous 25 per cent solution of this substance has a pH of about 11.2. Also, it is claimed to possess a certain amount of bacteriostatic power.

It has been reported that triethanolamine has a solubilizing action on cellulose acetate phthalate (C-A-P),^c a widely advertised material for coating tablets.

Skin irritation may occur from repeated applications of a low pH preparation such as an astringent cream, etc. Triethanolamine is one of the chemical substances used to satisfactorily modify the pH of such products.

* Associate Professor of Pharmacy, University of Maryland.

^a simplest alkanolamine and one of the hydrolytic products of cephalin

^b resembles glycerin in appearance

^c this coating releases the contents of a tablet regardless of whether the territory is acid, alkaline, or neutral

Commercial products of TEA^d generally contain not less than 80 per cent triethanolamine and not more than 15 per cent diethanolamine, 2.5 per cent monoethanolamine and one per cent water.

A certified or pure form of triethanolamine is also available and contains a maximum of 1.8 per cent of mono- and diethanolamines, compared with up to 15 per cent or more in the N. F. grade. This compound is used as a solvent for cellulose acetate, and as a chromatographic solvent. Also, it is a mildly alkaline buffer. Rapid absorption of both water and carbon dioxide makes it useful for drying and purifying air and such acid gases as sulfur dioxide, hydrogen sulfide, and hydrochloric acid.

Triethanolamine itself has no emulsifying properties but combines with fatty acids to form soaps, having excellent detergent and emulsifying properties. The pH value of fully neutralized TEA soaps is about 8, which is considerably less alkaline than that of alkali soaps. This is an advantage when triethanolamine is used to produce pharmaceutical and cosmetic emulsions, since a strongly alkaline preparation is usually considered undesirable.

Triethanolamine soaps, are, like other soaps, unsuitable for preparing preparations for internal administration. However, these soaps are soluble in water and also in organic solvents such as kerosene, gasoline, and oils. When these soaps are incorporated into preparations^e for external application, they increase the penetration and thus increase the bacteriostatic effect and also facilitate the removal of such products from linen, clothing, skin, scalp, etc.

Preparations manufactured with triethanolamine occasionally tend to

discolor. Discoloration may be minimized by avoiding exposure to strong light and ensuring the absence of metallic contamination. Both the triethanolamine and fatty acid used should be pure. A patent has been issued which covers a process for the addition of sulfur dioxide to TEA before saponification with a suitable acid to produce a non-yellowing triethanolamine soap.

Triethanolamine soaps are slightly more resistant to acids, calcium salts and other electrolytes than are the alkali soaps. Since their water solutions are essentially neutral, amine soaps don't injure skin or fabrics. Emulsions made with them are ideal bases for creams and lotions. Such preparations have an attractive texture and body, give a pleasant feel to face and hands. They are also useful in the treatment of certain dermatoses because they have very little effect on the pH of the skin.

Emulsions containing up to 15 per cent of triethanolamine on areas of skin denuded of epidermis did not cause irritation. Two cases of sensitivity, one from a brushless shave cream and one from an ointment, have been reported. However, it is stated that such allergic phenomena are rare. Triethanolamine soaps (oleate and stearate) appear to be dermatologically innocuous in 5 per cent concentration. They are not primary irritants nor sensitizers. Also, the stearate is tolerated where soaps are not.

Results of preliminary clinical trials of a procedure which "may open the way for the development of the non-operative treatment of renal calculi" has been reported by a group of investigators. It is interesting to note that these scientists used a "chemical solvent," consisting of a 2.5% solution of the disodium salt of ethylenediamine acetic acid buffered with 3% triethanolamine.

Diethanolamine, as such, is not officially recognized^f. It is produced along

^d a common abbreviation for triethanolamine

^e typical examples are Benzyl benzoate lotion, N. F., and Saponated benzyl benzoate, N.F.

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PLaza 2-0480

with mono- and triethanolamine from ethylene oxide and excess cold ethylene oxide and excess cold concentrated ammonia. This substance occurs as colorless or white crystals, which liquefy and fume strongly in moist air. It is a strong base. Soluble in water; miscible with alcohol or hot acetone; insoluble in ether and benzene.

Diethanolamine is used in organic syntheses, as an absorbent for acidic gases, humectant, softening agent, and the manufacture of water-soluble soaps for preparations of emulsions.

The dermatologic action of diethanolamine may be slightly more irritating than triethanolamine.

Monoethanolamine, N. F., is a clear, colorless, moderately viscous liquid having a distinctly ammoniacal odor and is affected by light. It is miscible with water, acetone, alcohol, glycerin, and chloroform in all proportions. Monoethanolamine^g is immiscible with ether, petroleum benzin, and with fixed oils, although it will dissolve many essential oils.

This compound is recognized in the N.F. because it is an alkalinizing component (one per cent concentration) of thimerosal^h solution and tincture. Also, it has many of the properties of triethanolamine but a much greater alkalinity. Reported to be irritant and a sensitizer, presumably because of its alkaline reaction.

Monoethanolamine combines with fatty acids to form soaps which find application in various types of emulsions such as lotions, creams, etc. These soaps are reported to be excellent detergents with better lathering properties than the triethanolamine soaps.

Monoethanolamine is used in the manufacture of ethanolamine oleate

which is used in the form of an injection as a sclerosing agent for obliteration of varicose veins. An aqueous solution of this organic soap has been shown to be clinically more satisfactory than injection of sodium morrhuate. Although many sclerosants have been used, one of the most popular has been a 5 per cent solution of monoethanolamine oleate.

The compounds containing both the amino and hydroxyl functions, the alkanolamines, are among some of the most important medicinal substances and are used as intermediates for the synthesis of many pharmaceutical products. One example is triethanolamine trinitrate biphosphate which is suggested for the prevention and management of angina pectoris.

In addition to the cosmetic-like uses already mentioned, the alkanolamines and several of their mineral acid salts have been extensively used in hair-waving formulations for a variety of reasons. Triethanolamine in the concentration of 15 per cent is listed as a "swelling" agent in a patented paste cuticle remover. The latter can be applied to a desired limited area in the nail bed and thus prevent serious damage which is sometimes caused by highly alkaline aqueous-alcoholic solutions.

An almost classical pharmaceutical application for these aminohydroxy compounds has been that of creating an aqueous solvent-system for many of the early "sulfa" drugs. A typical example is Pickrell's Solutionⁱ, a preparation which is still available commercially (locally). The label information in the past has indicated the alkaline material as being a mixture of alkanolamines to that of just triethanolamine.

The solubilizing action of TEA has also been utilized in the formulation of

^f however, it is a component in the following: Sulfisoxazole Diethanolamine, U.S.P.; and Iodpyracet Injection, N.F. (a diethanolamine salt).

^g often referred to as simply ethanolamine

^h similar to Merthiolate

ⁱ Formula:

Sulfadiazine	2-½ %
Triethanolamine	8 %
Sodium benzoate	1/5 %
Distilled water	q. s.

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many private "sulfa" ointments (cream-like).

An example of the use of TEA as a dispensing aid in pharmacy is given by the following, which is a detailed breakdown of a prescription that attains an unsightly stringiness on standing.

Prescription formula:

Ichthyol	1.8
Zinc oxide	30.0
Olive oil	28.2

Prior trituration of the ichthyol with 0.5 parts of triethanolamine tends to eliminate this compounding problem.

Triethanolamine has been suggested as a solubilizer and decolorant in the formulation of colorless or so-called "white" iodine liquid topical preparations. Monoethanolamine and diethanolamine have also been investigated in similar products. However, in a very limited laboratory study, no definite conclusions were obtained on the antimicrobial activity of the preparations, and the color of the resultant products ranged from water-white to yellow.

Mixed isopropanolamine is a mixture of monoisopropanolamine, diisopropanolamine, and triisopropanolamine. This mixture is a viscous hygroscopic liquid with a slightly ammoniacal odor, completely soluble in water, but only slightly soluble in hydrocarbons. The combining weight of mixed isopropanolamine is approximately the same as that of commercial triethanolamine, and for this reason it may be substituted weight for weight in most of the formula calling for triethanolamine.

Isopropanolamine soaps are more soluble than the ethanolamine soaps in hydrocarbons, such as mineral oil, naphtha, or gasoline. This increased solubility allows the use of less free fatty acid in "soluble" oils and emulsions. In addition, isopropanolamine soaps have been found to show less darkening in color under normal storage conditions.^j

Although they may be employed in most of the uses now found for ethan-

olamine soaps, their better hydrocarbon solubility and color stability make the isopropanolamine soaps of especial interest in "soluble" white paraffin oils, where good color and a low free fatty acid content, as well as a low pH in the emulsions of the oil, are desirable.^k

Lanolin and petrolatum emulsions, useful in numerous pharmaceutical applications, can be prepared efficiently with mixed isopropanolamine. Stearic acid is more suitable than other fatty acids to accompany the amine in pharmaceutical products, because it will not develop color or rancidity.

There are numerous other alkanolamines and derivatives commercially available for a wide variety of uses. As an example, dimethyl ethanolamine is said to be a useful component of emulsifiers for rubless wax polishes. An anhydrous grade is available for pharmaceutical applications.

In addition to the compounds already mentioned in this paper, many other salts and combinations of these amines have been prepared and studied for a variety of reasons.

Among these are the following: triethanolamine hydrochloride, salicylatem, creosotinatem, sulfiteⁿ, alginate^p; triethanolamine SHCO^q; triisopropanolamine SHCO^q; mixed isopropanolamine SHCO^q; monoethanolamine mandelate; monoethanolamine of undecylenic acid^r; triethanolamine trinitrate diphosphates^s; and boron fluoride triethanolamine complex^t.

^j triisopropanolamine soaps are softer in consistency than TEA soaps

^k "soluble" oils are clear oil solutions that, when added to water, are self-emulsifying; and are used in cosmetic creams, shampoos, and similar preparations

^m sun-screen agents

ⁿ permanent hair waving solutions

^p barrier cream

^q emulsifying agents and detergents

^r fungicide

^s prevention and management of angina pectoris

^t catalyst

The following are some commercial products on the market containing the "free" amines or in the form of a compound.

ALGESAL¹ (oint)
 ALVININE² (liq)
 CERUMENEX³ (liq)
 CLYSMATHANE⁴ (liq)
 DESENEX⁵ (liq)
 EMIVAN⁶ (inj)
 EMKO⁷ (foam)
 GALLOGEN⁸ (tab)
 METAMINE⁹ (tab)
 MONOLATE¹⁰ (inj)
 MONOTHEAMIN¹¹ (tab, cap, suppos)
 MYOFLEX¹² (oint)
 NIGINA⁹ (tab)
 NITRETAMIN⁹ (tab)
 PRO-DERNA⁵ (oint)
 PRO-NASYL¹³ (liq)
 RESIDERM¹⁴ (lot)
 SOROPON¹⁵ (liq)
 TERRAMYCIN¹⁶ (inj)
 TRYDECYL¹⁷ (oint, lot)

- 1 contains 10% diethanolamine salicylate
- 2 contains triethanolamine lauryl sulfate
- 3 contains 10% triethanolamine poly-peptide oleate
- 4 theophylline monoethanolamine
- 5 contains triethanolamine
- 6 contains 5% diethanolamine
- 7 contains 2% triethanolamine
- 8 diethanolamine mono comphoric ester of tolymethyl carbinol
- 9 triethanolamine trinitrate diplophosphate
- 10 contains 5% monoethanolamine oleate
- 11 solubilized theophylline compound containing 25% monoethanolamine
- 12 contains 10% triethanolamine salicylate
- 13 contains 5-½% triethanolamine
- 14 contains 2-½% triethanolamine
- 15 contains 12% triethanolamine poly-peptide oleate
- 16 contains ethanolamine
- 17 ointment contains 2% lotion 0.8% triethanolamine

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UNDERSTANDING THE HOSPITAL FORMULARY SYSTEM

Robert E. Lawson

Director of Pharmaceutical Services
University Hospital
University of Maryland
Baltimore 1, Maryland

Presented at the Annual Spring Meeting of Phi Delta Chi, Professional Pharmaceutical Fraternity, University of Maryland, School of Pharmacy on April 25, 1961 and at the Annual Joint Meeting of the Maryland League of Nursing and Maryland Association of Hospital Pharmacists on June 15, 1961.

Understanding The Hospital Formulary System

In the pharmaceutical field there is undoubtedly no other procedure so misunderstood as is the Hospital Formulary System. Much of the criticism, bias attitudes and incomprehension of this valuable adjunct to rational drug therapy is brought about by a lack of understanding rather than by a specific failure of the system itself.

To correctly understand the operation of a pharmacy department in a hospital operating under the formulary system, it is first necessary to understand the organizational structure of the hospital. It must be determined whether or not this organizational structure represents a legal governing body for the operation of the hospital and formation of rules, regulations and bylaws governing the actions of the physician members of the hospital medical staff.

Medical Board Membership

("Executive Committee, Liaison Committee)

Membership of the medical board of a typical university teaching hospital might consist of the following:

A. The chiefs (or their designated representatives) of the following clinical departments (perhaps faculty

members of an affiliating school of medicine):

Anesthesiology	Pediatrics
Medicine	Preventive Medicine
Obstetrics and	and Rehabilitation
Gynecology	Psychiatry
Ophthalmology	Radiology
Pathology	Surgery

B. Selected additional members from the active medical staff of whom at least two-thirds should represent the "visiting staff."

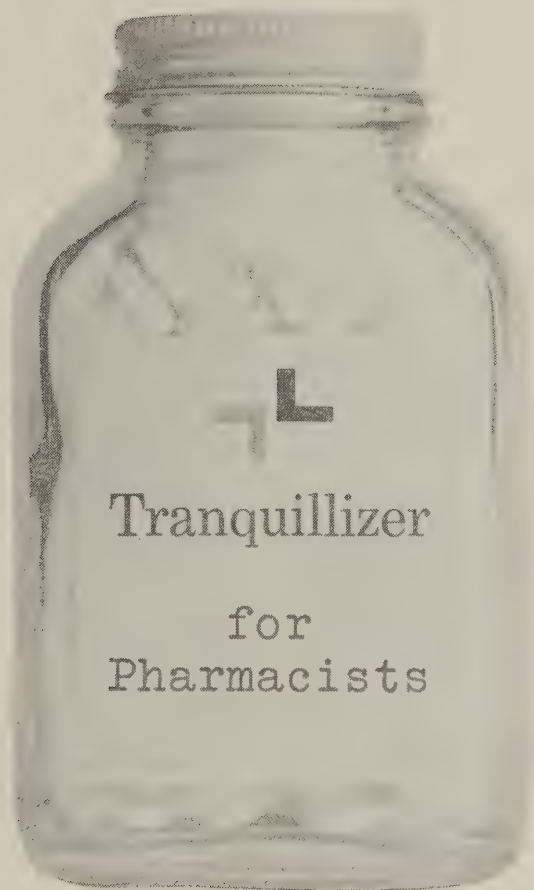
C. The following ex-officio members:
The President of the Medical Staff
Secretary-Treasurer
The President Elect
Director of the Hospital
Dean of the affiliated School of Medicine
Chairman of any Standing Committees

Selection - Medical Board

Members of the medical board are usually elected by the medical staff at their annual meeting. Members are selected usually for a two year period with the terms of office so arranged that there will be a standard number of vacancies each year.

Responsibility - Medical Board

Although the medical care of patients in a university teaching hospital is the ultimate responsibility of the governing board of the university (boards of trustees assume the same ultimate responsibility in most community hospitals), it is the usual policy to delegate this function, insofar as is legally permissible, to the medical staff of the hospital. The medical staff accomplishes its objectives and fulfills its responsibility to the hospital through its medical board. The executive power of the medical staff is vested in its medical board which has the authority to perform all acts and functions consistent with its bylaws, rules and regu-



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lations. It is the responsibility of the medical board to:

- A. Continuously survey those features of professional service and hospital administration that affect the treatment and general welfare of the patients.
- B. To initiate and maintain rules and regulations for conduct of the medical staff.
- C. To develop and maintain high standards in medical education.
- D. To assist and advise the director of the hospital to maintain the highest possible standards.

That the medical board has the legal authority to discharge these responsibilities has been proven time and time again in the various courts. These courts at various times have supported this organization structure vested in the medical board by their own medical staff in ruling that the medical board does, indeed, have the authority to govern the type of medical practice carried on within the hospital. Doctors may be restricted or even barred from practicing in certain hospitals if they are not qualified as determined by appointed committees selected to determine qualification of physicians applying for privileges in that hospital. There is certainly sufficient background and precedent which have been established to prove that this is a just and legal responsibility of the medical board of a medical staff.

Hospital Formulary - Definition

The hospital formulary is a compilation of drugs and pharmaceuticals which reflect the clinical judgment of the medical staff. This is not a fixed list but is an ever-changing selection of drugs which most accurately reflect the modern and accepted techniques of rational drug therapy. The responsibility of maintaining the hospital formulary has been delegated by the medical board to one of its most im-

portant standing committees: the Pharmacy and Therapeutics Committee. This committee is usually composed of no less than three physicians and the pharmacist. In some instances it may be composed of five to eight physicians representing each of the major medical services of the hospital. The hospital administrator or his designated representative and the President of the Medical Board are usually considered ex-officio members. The pharmacist usually serves as secretary of this committee.

To accomplish the objective of careful evaluation of drugs, the Pharmacy and Therapeutics Committee usually develops a list of rules governing the admission of drugs to the hospital formulary. These rules vary somewhat among the different hospitals but are usually similar to the following:

1. Drugs may be requested for inclusion in the formulary by any member of the medical staff. This request must bear the approval of the proper clinic or department head. Requests should be made in writing and should list the following basic information and/or other pertinent facts.
 - a. Official title of drug with proprietary name, if any.
 - b. Specific pharmacologic action and use of drug which warrants its admission.
 - c. Reason why this drug is superior to presently accepted formulary drugs.
 - d. Drug or preparation which this drug will replace.
2. No drug of secret or unknown composition will be admitted. Its therapeutic value must be established to the satisfaction of the committee.
3. No mixture of two or more active ingredients will be admitted unless supportive evidence is submitted that the mixture presents thera-

peutic and/or economic advantages over the single chemical entity.

4. All drugs will be admitted under their official or generic names. The brand of drug selected for dispensing in the Pharmacy will represent the best combined opinion of the medical and pharmaceutical staff and will be the drug most nearly meeting the specifications of the committee. Efficacy of action is not sufficient justification for admission of a new drug. The proposed drug must show a definite pharmaceutical advantage over drugs previously accepted which are in the same therapeutic category.

Hospital Formulary System - Definition

The hospital formulary system is a method accepted by the medical staff of the hospital whereby a committee of the medical staff evaluates, selects and appraises those numerous medical agents which are considered most useful in patient care. This committee is, naturally, the Pharmacy and Therapeutics Committee.

With prior consent of each member of the medical staff, the hospital formulary system provides for the procuring and prescribing of drugs under either nonproprietary or proprietary name.

Under the formulary system, individual medical staff members agree that when prescribing by brand name, authority is granted the pharmacist to dispense (and the nurse to administer) the drug under its nonproprietary name irrespective of whether it is or is not the same brand referred to in the prescription or the drug order.

When a physician in a hospital operating under the formulary system gives a written or oral prescription by proprietary name, without further indication of his intent, the doctor knows, and is aware that the pharmacist similarly understands, that:

1. The physician has signed a general authorization to fill prescriptions by nonproprietary name. This authorization is usually either filed in the Office of the Director of the hospital or in the Pharmacy Department of that hospital or may be a "blanket" rule accruing from the fact that the physician has signed an agreement "to abide by the rules and regulations of the hospital."
2. The physician has a legal right to suspend this authorization at any time, since he must be permitted to prescribe as he sees fit in the interest of any *particular* patient.
3. However, the absence of contrary indications by the physician, the prescription will be filled in accordance with the rules of the formulary.
4. He has given no contrary indications.

Under these circumstances the fair and reasonable meaning to the pharmacist is authorization to dispense a basic drug order, in accordance with the formulary system and without regard to brand identity. A prescription is not intended to be read by the general public. It is a communication—a privileged communication—between two individuals—the physician and the pharmacist—and this prescription can be read only in the light of their knowledge. Whether it is written by the trade or proprietary name, it conveys to the recipient (the pharmacist) the meaning of the sender (the physician), only because they share an understanding of the symbols and terminology used. No court could interpret a prescription without the aid of expert testimony (pharmacist or physician) and without considering what it means, not to the layman, but to the pharmacist recipient. What it means to the pharmacist is governed partly by the pharmaceutical terminology, but also, if he is operat-

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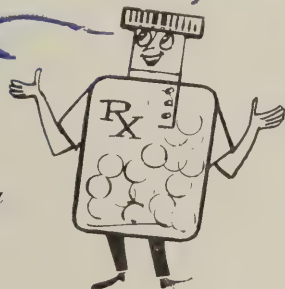
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ing under the formulary system, by the rules of that formulary system.

The hospital is governed in its operation by the Statement of Guiding Principles on the Operation of the Hospital Formulary System. These guiding principles were approved by the Board of Trustees of the American Hospital Association in August, 1960, and adherence to these principles are checked when hospitals are inspected for accreditation by the Joint Commission on Accreditation of Hospitals. The medical profession is indeed well represented on this Joint Commission. Therefore, it is not a case of lay person imposing certain restrictions on a physician, but instead, is a situation where the physician himself is interested in maintaining high standards and quality of medical care within our Nation's hospitals. To verify this, it is necessary to look at the composition of the twenty member board of the Joint Commission of Accreditation of Hospitals. This board has seven members representing the American Hospital Association. These members may or may not be physicians. According to their particular background, they are undoubtedly either physicians or persons highly qualified in the field of hospital administration. The American Medical Association has seven physician member representatives. The American College of Surgeons is represented on this Board by three members who are physicians. The American College of Physicians is also represented on this Board and has three physician members. It is, therefore, well established that this Joint Commission for Accreditation of Hospitals is a Board well represented by physicians whose academic background and experience in medical practice makes them eminently qualified to set these standards for patient care.

Labeling

It is most essential that the labeling of the medication container adhere to

accepted standards concerning trade mark and human patent right. If the medication container is to be dispensed to an outpatient in the hospital's clinic, then there is no problem. The container is labeled in the same manner as it would be filled in any drugstore or retail pharmacy. When the medication container is labeled for use in the hospital, however, the system is slightly more complex. The nurse is legally obligated to know the chemical identity of any drug before administering it. Therefore, the usual directions found on a prescription container would not be sufficient for the nurse to rely upon for administering the drug. The labeling of this medication container within the hospital is usually preferred by use of the official or nonproprietary name. The use of a brand name, unless it is describing the actual ingredients dispensed, should be considered highly improper and unethical. If a brand name is needed for informational purposes, it must be so used as not to mislead the nurse or physician as to the actual contents of the medication container. As a safeguard against medication errors, it is sometimes necessary that a proprietary name appear on a container, in addition to the official name. It is needed for informational purposes, which clearly eliminates any inference that the use of this proprietary name describes the actual contents of that medication container.

Legal Basis of the Hospital Formulary System

There is little satisfaction for such a statement as "all hospitals operating under the formulary system are on a legally sound basis." It can, however, be definitely stated that a hospital which is operating within the framework as outlined in the American Hospital Association Statement—"Guiding Principles on the Operation of the Hospital Formulary System," is on a legally sound basis. If the hospital operates within this framework and is

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assured that each physician on the medical staff is aware of the existence of the formulary system and understands its operation, there can be little argument concerning the legality of the system. The American Society of Hospital Pharmacists views with alarm the operation of any hospital under a formulary system, which does not adhere to acceptable standards. In surveying a number of hospitals operating under the formulary system, one would find that, almost without exception, each of the university teaching hospitals known for their high standards of medical care and progressive medical practices, are operating under this system. There can be little doubt that the operation of a hospital correctly utilizing the formulary system, is not only operating on a legally sound basis, but this system is to be highly preferred in providing the patient with the basis of rational drug therapy, thereby providing a higher level of medical care.

Purchasing of Drugs

The pharmacy department and the hospital administration of any hospital operating under a formulary system, must be continually vigilant, resisting all efforts which would dictate the purchase of all drugs *entirely* on the basis of a generic name or with the U.S.P. or N.F. specification. The pharmacy should not be allowed *but should demand the right to specify acceptable brands of competitive drug items which are placed on an open competitive bid.* The pharmacist should never allow himself to be placed in a position where he would be required to name all brands of drugs which are considered *unacceptable* to his institution. Hospital pharmacy practice will vary from institution to institution directly with medical practice in the respective institutions, which is another reason why it is impractical to require the purchase of all drugs entirely on the basis of a generic or nonproprietary name.

There have been recent statements that pressure is sometimes brought (by the hospital administrator) to require the pharmacy department to purchase less expensive brands of drugs, thereby disregarding the quality of drugs in an effort to reduce cost. This is ridiculous. A hospital administrator who is both legally and professionally responsible for the operation of his hospital, most certainly would jeopardize his position and his standing in a community, if he insisted on the use of drugs which do not meet acceptable standards.

During the last two years, there has been a reversal of opinion, undoubtedly brought about by the members of the drug industry implying that the term "generic name" means, in effect, substandard or inferior quality of drugs. Every pharmacist knows that this is not so. Here is a case where the *pharmacist* must exercise his best professional judgment and utilize his experience in proper selection of drugs. Any drug may be bought under a generic name and still maintain the highest quality required in any institution by specifying acceptable standards or reliable manufacturers. Specific drugs falling within this category would be such items as Hydrochlorothiazide, Penicillin V Potassium, Hydrocortisone, Cortisone, Tetracycline and many others, all of which may be purchased generically on a competitively bidding basis, yet bid invitations could still be restricted to manufacturers known to supply drugs only of the highest quality.

Conclusion

It is the professional and legal responsibility of the hospital *pharmacist* to see to it that the drugs he dispenses, regardless of the brand identity or manufacturers of that specific drug item, must measure up in every respect to the quality expected by the physician and needed by the patient. This is a professional responsibility that pharmacists, either retail or hospital, cannot abdicate.

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Volume 20

DECEMBER, 1961

No. 2



T.A.M.P.A. NEWS

Without a doubt the 1961 T.A.M.P.A. Christmas party will remain in the hearts and minds of those in attendance as the most satisfactory and worthwhile function of the year. An annual affair, the party this year was held for 54 underprivileged children

from the Helping Up Mission. This sets a precedent in that in the past only children of T.A.M.P.A. members were entertained at the Christmas Party. Judging by the enthusiastic comments heard from various members this is a precedent that will continue for many years to come.

The children ranging in age from 5 - 13 years old were picked up by members and driven to the Kelly Memorial Building where festivities were held. Jack Albert with the help of stuffing played the part of Santa and distributed gifts. The children feasted on cokes, cookies, hot dogs, pretzels, and ice cream (not the most nutritious food—but certainly satisfying.)

Miss Kay and her daughter entertained the youngsters with magic tricks and animal caricatures made on the spot with balloons.

Mention should be made of the companies and individuals contributing to make this worthwhile affair a success. We extend our most sincere thanks to the following companies:

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It is with regret that we report the recent passing of Norv Spurrier on November 20th. Norv was a T.A.M.P.A. member for many years and well known to the Drug Wholesalers and pharmacists as a representative of Murray Coates Co. of Philadelphia.

At this time we would like to acknowledge the recent resignation of Joe Cohen after serving faithfully and ably as Executive Secretary of Maryland Pharmaceutical Association and Secretary of the Baltimore Metropolitan Pharmaceutical Association for 8 years. We know he will do well in his new capacity with N.A.R.D. as Director of Professional Services and we look forward to his continued friendship and counsel.

In closing we extend to all T.A.M.P.A. members and their loved ones our best wishes for a Happy New Year.

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FRANCIS S. BALASSONE,	Ex-Officio

Dear Fellow Pharmacists:

As this is my last message in The Maryland Pharmacist as President of the Baltimore Metropolitan Pharmaceutical Association, I would like to take this opportunity to thank all those who helped to make this year a constructive and pleasant one.

First, thanks to the general membership for attending full capacity meetings as well as social events and other functions. Also, the chairmen and various members of the committees were most helpful and conscientious.

To Gregory W. A. Leyko, as Chairman of the Executive Committee, I owe a great vote of thanks for his fine cooperation and assistance. I am grateful for the "midnight oil" that was burnt and the sleep lost by the Executive Committee in trying to coordinate plans for the welfare of the organization.

To Aaron Libowitz, for his wonderful work with the NEWSLETTER and his success in obtaining the greatest percentage of members ever known to the Baltimore Metropolitan Pharmaceutical Association.

To Charles E. Spigelmire, our treasure, who graciously accepted the interim secretaryship of the Association. In addition, he did more than justice in performing nobly for the Public Relations Committee.

With Jerry Stiffman's sincere efforts and driving interests, our meetings would never have been of the calibre and stimulation that they were.

Jerry Cermak's yeoman job as Chairman of the Banquet Committee produced an outstanding banquet. Thanks are also due Bernie Cherry for his contribution to the Banquet success.

Irv Cohen, without whom the Drug Show would not have come into being, I owe a debt of gratitude and I am fully appreciative of his efforts.

I should like to extend my gratitude to our former secretary, Joe Cohen.

Many thanks to Pat and Gerry at the office for their cooperation and understanding.

Last, but not least, my best wishes to our new secretary, Nathan Gruz.

During the coming year I will have the privilege of serving you as Chairman of the Executive Committee of the B.M.P.A. I am confident that the members will continue to extend to the new officers the same support and cooperation which has made the Baltimore Metropolitan Pharmaceutical Association one of the nation's outstanding Metropolitan Pharmaceutical organizations.

Working together, pharmacists can progress against the forces undermining our professional and economic foundations.

Sincerely,

SAM A. GOLDSTEIN, President

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NEWS ITEMS

BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION ELECTS OFFICERS FOR 1962

The Baltimore Metropolitan Pharmaceutical Association held its nomination and election of officers on December 12, 1961. The following officers and executive committee was elected:

Officers

Honorary President—Chester G. Kosakowski

President—Jerome J. Cermak

1st Vice President—Aaron M. Libowitz

2nd Vice President—John F. Neutze

3rd Vice President—Irving I. Cohen

4th Vice President—Marion R. Chodnicki

Treasurer—Charles E. Spigelmire

Treasurer Emeritus—Frank L. Black

Secretary—Nathan I. Gruz

Secretary Emeritus—Melville Strasburger

Executive Committee

Sam A. Goldstein, Chairman

Still Serving 1 year — Joseph U. Dorsch, Jacob L. Richman, William Y. Kitchin, Donald O. Fedder.

Elected for 2 yr. term—Myer Stoler, A. Frank Turner, Jerome A. Stiffman, Joseph L. Okrasinski.

Ex-Officio—Francis S. Balassone.

Formal installation ceremonies will be held at an Installation Dinner Meeting at The Alcazar in Baltimore on January 11, 1962. The installation is jointly sponsored by The American Express Company and the Baltimore Metropolitan Pharmaceutical Association.

EMPLOYMENT SERVICE

The Maryland Pharmaceutical Association office has a number of positions listed for pharmacists in retail pharmacy. Pharmacists desiring full or part-time employment are requested to call the Association office, SA. 7-0746.

JEROME J. CERMAK ELECTED PRESIDENT B.M.P.A.



Jerome J. Cermak, Baltimore pharmacist who conducts Cermak's Pharmacy, was elected president of the Baltimore Metropolitan Pharmaceutical Association for 1962.

Mr. Cermak graduated from Baltimore Polytechnic Institute and received the degree of B.S. in Pharmacy from the University of Maryland School of Pharmacy in 1937.

He served as a pharmacist at the Johns Hopkins Hospital pharmacy for 12 years prior to opening his own pharmacy.

Mr. Cermak has served as a vice-president of the B.M.P.A. for 4 years and was elected a member of the executive committee of the Maryland Pharmaceutical Association for the Baltimore area for 1961-62.

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He is married to the former Eleanor Bartell. They have one daughter, Colleen.

Other professional memberships are held in the American Pharmaceutical Association, the National Association of Retail Druggists and the Alumni Association of the University of Maryland School of Pharmacy.

Jerome (Jerry) Cermak is also a member of the Optimists International, the Parkside Optimist Club and is active in the Parkside Methodist Church.

EXECUTIVE COMMITTEE MARYLAND PHARMACEUTICAL ASSOCIATION

At the November meeting of the Executive Committee of the Maryland Pharmaceutical Association, George M. Schmidt of Elkton was appointed to fill the unexpired term of William C. Hill of Easton, who resigned because of business reasons.

SECOND SWAIN SEMINAR March 15, 1962

The Second Annual Dr. Robert L. Swain Pharmacy Seminar will be held on Thursday, March 15, 1962 at the University of Maryland Health Sciences Library Auditorium, Lombard and Greene Streets.

Under the sponsorship of the Maryland Pharmaceutical Association and the University of Maryland School of Pharmacy, this year's seminar will feature a number of prominent speakers including Dr. Herbert S. Kupperman of New York University School of Medicine. His topic will be "Newer Advances in Endocrine Therapy."

Details about the program and registration information will go out to members. Mark your calendar now and plan to attend this post-graduate day of pharmacy education. Alexander J. Ogrinz, Jr. is chairman of the seminar committee.

PHARMACISTS ADDRESS DOCTORS ON DRUG PRICES

Victor H. Morgenroth, Jr., vice-president of the Maryland Pharmaceutical Association and Charles E. Spigelmire, treasurer of the Baltimore Metropolitan Pharmaceutical Association, addressed the November meeting of the Maryland Academy of Medicine & Surgery at the Sheraton-Belvedere Hotel.

They defended drug prices before a large turnout of medical practitioners, pointing out that they have risen only 21.4 per cent in the past 10 years which they compared with a 150 per cent rise for cigarettes.

In a talk on "what price drugs," Mr. Morgenroth analyzed the price of 100 phenobarbital tablets to make his point.

He used N.W.D.A. statistics to show that the average cost of handling a prescription is \$1.24 which includes such fixed expenses as rent, insurance, salaries, light, heat, taxes, etc.

Mr. Morgenroth also pointed out that the pharmacist often acts as a consultant to the physician on drug and prescription matters as a service for which the pharmacist receives no compensation.

"I cannot believe that Americans are spending too much for medicines that have given them the highest health standards in history. Actually, they spend more on cigarettes, alcoholic beverages, and storage, repair and servicing of automobiles," he concluded.

Mr. Spigelmire called attention to "the trademark concept" which he said has brought three outstanding benefits to the drug industry.

"To the physician it gives assurance of quality in the drugs he prescribes, backed by the reputation of the maker. To the manufacturer it gives the greatest possible incentive to produce new and better curative agents. To the pharmacist it provides preparations which we can dispense with confidence," he observed.

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And be sure to Feature this Special Flavor

CHOCO-MINT

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He added that generic drugs "are simply imitations of the real thing" and that both the physician and pharmacist run a heavy risk in prescribing and selling these.

Mr. Spigelmire recited the long, drawn-out process of developing a marketable drug and pointed out that the cost of research and development sometimes goes down the drain because the end product does not come up to the high standards expected of it.

PHILADELPHIA DRUG EXCHANGE ELECTS NEW PRESIDENT

H. C. Van Arsdale of Smith Kline & French, Inc., was elected President of the Philadelphia Drug Exchange at the organization's 101st annual meeting here today.

The Philadelphia Drug Exchange, which marked its centennial last January, is the oldest drug trade organization in the country. It was founded to promote the wholesale and manufacturing interests of the drug, chemical, and allied industries in the Philadelphia area.

STATE GOVERNMENTS PAYING COST OF EMPLOYEES' BLUE CROSS - BLUE SHIELD

Following a nationwide trend of employer contribution to cost of employees' health care programs, three State governments made provisions recently to pay part of the cost of their employees Blue Cross and Blue Shield programs. They are: Massachusetts, paying 50 per cent of the Blue Cross and Blue Shield program for employees and their dependents; New Jersey, paying for nearly 30,000 employees, the individual portion of the program, with the employees paying for their dependents; and Connecticut, paying the full cost of the employees Blue Cross and Blue Shield programs, with the employees paying the cost of the dependents coverage.

PERSONALITIES IN THE NEWS

Appointment of Robert E. Thompson as director of the Schering Corporation's pharmaceutical research and development division was announced.

Dr. Thompson will be responsible for research and preparation of pharmaceutical dosage forms and for the transition from research to full production of all pharmaceutical compounds marketed by Schering.

From 1943 to 1952 and from 1954 until the present, Dr. Thompson served successfully as chief research pharmacologist and director of pharmacy for Armour Pharmaceutical Company. He was associated with Marvin R. Thompson, Inc., as a research associate from August 1952 through May 1954.

Dr. Thompson received a B.S. degree in pharmacy and M.S. and Ph.D. degrees in pharmacology from Maryland University. He served as assistant pharmacologist there from 1938 until 1943. While associated with Armour Laboratories, he lectured at the University of Illinois School of Medicine. He also spent six years as a retail pharmacist in Maryland.

He is a native of South Dakota.

Dr. Thompson is a member of the Endocrine Society, the American Pharmaceutical Association, the Society of Experimental Biology, and the Society for the Study of Pharmacology and Experimental Therapeutics.

Dr. Thompson is married and has five children.

The appointment of Harry J. Towers as President of H. S. Benedikt Co., Inc., was announced today. The H. S. Benedikt Co. is the New York Merchandising operation of the Associated Chain Drug Stores. Mr. Towers joined H. S. Benedikt and A.C.D.S. in May, 1958 as Executive Vice-President of both organizations.

Public Relations

The most important public relations activity in Pharmacy is that carried on by the pharmacist at the counter.



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A.P.H.A. CONVENTION**LAS VEGAS****MARCH 26 - MARCH 30, 1962**

The 1962 annual meeting of the American Pharmaceutical Association and affiliated and related organizations is expected to attract a record number of pharmacists from every part of the country. Scientific discussions, outstanding speakers, award presentations, business meetings, dynamic exhibits, social gatherings, banquets and official receptions will cram the five-day streamlined convention, beginning Monday morning, March 26, and running through Friday noon, March 30.

Program

Most of the meetings, the exhibits, registration and convention headquarters will be located in the fabulous six-million dollar Las Vegas Convention Center. This will include meetings of the APhA House of Delegates and General Sessions scheduled for Monday, Wednesday and Friday. Special functions will include the annual APhA banquet on Thursday evening and the reception for APhA President J. Warren Lansdowne on Monday early evening. Section meetings are scheduled all day Tuesday and Thursday and Monday and Wednesday mornings.

Dovetailed with these sessions are the meetings of affiliated groups. The program calls for the American Association of Colleges of Pharmacy to hold three general sessions and section meetings on March 26, 27 and 28. Four general sessions of the American Society of Hospital Pharmacy are planned for March 24 through March 29 and an ASHP House of Delegates meeting on Monday morning, March 23.

Pharmacy board members will devote all day Monday and Tuesday to sessions of the National Association of Boards of Pharmacy. During the week the American College of Apothecaries will feature three general sessions on Tuesday, Wednesday and Thursday.

A business session on Wednesday morning and an historical session on Thursday morning are on the docket for the American Institute of the History of Pharmacy.

The National Conference of State Pharmaceutical Association Secretaries has tentatively scheduled meetings on Wednesday, Thursday and Friday while the Metropolitan Drug Association Secretaries will conduct two sessions on Wednesday and Thursday mornings.

Plus these affiliated groups, the Women's Auxiliary of APhA will gather for its annual brunch on Tuesday and a general meeting on Thursday.

Hotels

Six of the leading multimillion dollar hotels on the Vegas "Strip" have been selected as the official convention hotels. If distance seems great between them, it is only an illusion due to the clear western air. Actually they will all be minutes from the Convention Center with the shuttle bus service that will be provided.

There are plenty of rooms available—and at such economical rates—but send in your reservation as soon as possible and make certain that you indicate the full length of your stay—the maximum of time rather than the minimum—to assure yourself of a room throughout the convention. Extension time is usually difficult to obtain.

Note also that very few rooms are available on Saturday, March 24, and that rooms on Sunday, March 25, may not be available until after three o'clock. However, for early arrivals on Sunday, APhA will provide lounge areas where baggage may be left and members may relax.

Make your reservation now for a gala and instructive week in the heart of a most colorful and spectacular recreation area.

Entertainment

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This drug store cowboy is one reason your Austin stocks sell out so fast. Folks take along a package or two — back to the office, or for the trip in the car. A husky supply of Austin varieties pays off in fast turnover, repeat business, more profit! (Customer satisfaction, too.)



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on the stages of the famed Las Vegas resorts. The convention program has been scheduled so that most evenings will be free for pharmacists, their families and guests to see this array of headline entertainers. Both group and individual reservations for these lavish dinner and midnight shows will be available at the APhA convention registration desk in the Convention Center.

Transportation

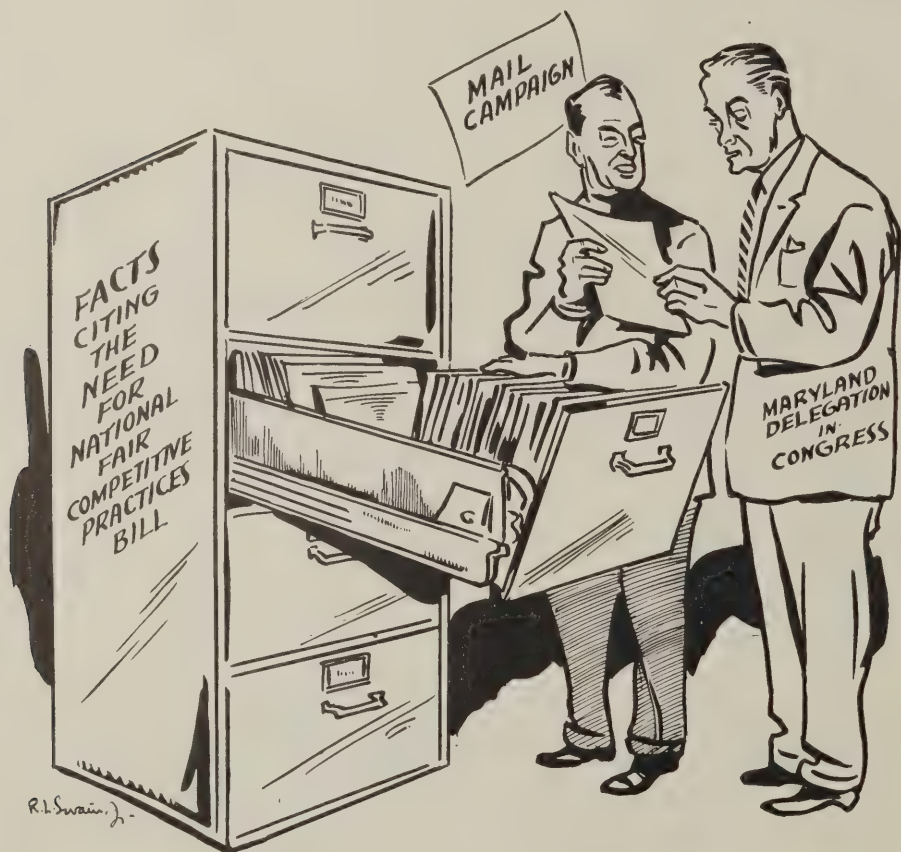
Las Vegas is located on a main arterial highway, easily reached by car, bus, air or rail. It is on the main line of the Union Pacific Railroad between Salt Lake City and Los Angeles. With its new 10,000 foot runway, McCarran Field is

served directly by jets of the nation's major airlines.

Anyone desiring to participate in group travel to the convention or to go on side trips please call the Association, SA. 7-0746.

ACKNOWLEDGEMENT

The Maryland Pharmacist acknowledges with appreciation the photographs of the Alumni Association Student Frolic and The Testimonial Dinner published in the November issue which were furnished by courtesy of Paramount Photo Service.



TELL YOUR STORY WITH PLENTY OF FACTS



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AIDS TO ANSWER CUSTOMERS' PRICE QUERIES

A "counter offensive" program designed by Lederle Laboratories to aid retail pharmacists answer customers' questions about prescription drug prices and professional services has been announced by Maxwell James, trade relations manager for Lederle.

The main element in the program is a large, sturdy cardboard counter card in the shape of a typical prescription bottle. Printed on the card is this invitation to customers: "We invite your inquiries concerning our prescription prices and services."

The card can be placed on the retailer's counter or wall. On the back of the card are suggestions for store personnel in answering questions on drug prices.

For the customer, Lederle will make available to pharmacists a series of small folders. Each of these make a single point about drug prices and professional services by using newspaper headline technique on the first page of the folder. On the inside of the folder a fuller explanation of each point is made. The folders can be handed customers, or they can be stuffed in prescription bags or wrapped with the prescription.

"Adverse reaction to prescription prices is the mutual problem of the drug manufacturer and the retail pharmacist," said Mr. James. "There has been a lot of talk on what to do about it, but mostly we've been talking to ourselves. Meanwhile, the retail pharmacist has been facing this problem daily at his counter. And it is at his counter that we believe we can help him launch an offensive that will blunt some of the misinformation and half-truths regarding drug prices and his services."

"There are two types of customers in our problem," Mr. James explained. "One is the kind that complains and

asks questions; the other type says nothing but takes the prescription home and complain to family and friends about the cost of drugs. The latter is the most serious problem because we are not reaching him with our story."

"It is with him in mind that we developed this program. We believe the counter card will help open up the silent customer."

"We all know," said Mr. James, "that a dissatisfied customer means loss of business. As the anchor man on the health team, the man who is on the firing line, the retail pharmacist is the logical source of information on prescription drug prices and professional services. Therefore, he should adopt a program for all store personnel to enable them to handle customers' inquiries. We urge that he do so, whether it be our program or another of his choice."

WHAT WE MEAN BY GOOD SERVICE

Good service is rooted in attitude. It is more concerned with giving than getting. It asks, "What can I do for the customer to justify his reliance on me?" rather than, "How much can I get from this customer?"

Good service accepts the responsibility of being fully trained and well informed in the field of endeavor—of being competent to advise a customer to his best advantage.

Good service requires a basic interest in the customer—an understanding of his business and his problems—a sincere desire to do for him what is soundly and intelligently conceived. Good service demands that promises are not lightly made nor easily ignored.

In short, good service is never satisfied with doing less than the customer has a reasonable right to expect, but constantly strives to exceed his hopes and expectations.



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STATEMENT ON NATIONAL FORMULARY PHILOSOPHY IS ADOPTED

The Committee on National Formulary has just adopted a statement which for the first time spells out the professional guidelines followed in the course of N. F. revision activities. This unprecedented declaration of principles provides in writing the basic philosophy which underlies the program of activity leading to new edition of this legally recognized compendium of standards for drugs.

Dr. Edward G. Feldmann, Chairman of the Committee and Director of N. F. Revision, explained that while past and present N. F. Committee members have historically subscribed and adhered to these principles, other individuals not so intimately acquainted with the compendium are generally not aware of the unique philosophy involved. The Committee felt, therefore, that some clarification was needed and further concluded that a positive declaration of these long accepted, but previously unwritten policies was desirable.

The text of the complete statement is:

COMMITTEE ON NATIONAL FORMULARY STATEMENT OF PHILOSOPHY

The members of the Committee on National Formulary, individually and collectively, are aware of their great responsibility as the body charged with the duty of revising one of the official compendia. The Committee members recognize that, in a broad sense, they comprise a group which has been designated by the legislative representatives of the American people as an authoritative body to establish standards and specifications for various appropriate drugs. These drugs, in the course of their use, may often mean the difference between life and death. The adequacy of the standards provided in the National Formulary for a given medicinal agent might well determine

whether or not that drug will produce the effect desired.

Each member is elected to the Committee on National Formulary only after ascertaining his willingness to give objective and unselfish service. The Committee members are cognizant, therefore, that in order to carry out the functions of setting standards effectively and properly, they must ever be diligent that no personal interest will be allowed to influence, prejudice, or otherwise affect their judgment in working toward the best possible drug standards.

The members are selected on the basis that they are individual experts in various phases of the preparation and use of therapeutic agents. As such, in activities pertaining to this compendium, they must be regarded, and regard themselves, as representing and supporting only the interest of the health and welfare of the general public. Even though each member draws upon his personal knowledge and background of experience in properly contributing to the task of revision of the National Formulary, as a Committee member, he loses all identity with his personal affiliations. Members may in no way seek to represent or advance specific interests, whether they be manufacturing firms, educational institutions, hospitals, community pharmacies, professional organizations, or governmental agencies. The Committee members recognize that only through constant adherence to this obligation will they continue to perform their duties effectively and to merit the trust which has been placed in them.

Second Annual

ROBERT L. SWAIN PHARMACY SEMINAR

U. of M. Health Science Auditorium
Baltimore, Maryland

THURSDAY, MARCH 15, 1962

INCREASE IN SALES OF DRUG PRODUCTS 4½ TIMES GREATER THAN POPULATION GROWTH

During 1960, sales volume of all U.S. drug and proprietary stores reached a new peak of 7½ billion dollars, almost 46% above 1955. During this same period, population grew just under 10% and Gross National Product was up only 29%. Also of major interest was the gain in prescription volume. In 1955 there were less than 500 million prescriptions filled and refilled, but by 1960, this number had grown to well over 700 million—an increase of 42%. Trends like these are reported in the 27TH ANNUAL NIELSEN REVIEW OF DRUG AND PROPRIETARY STORE TRENDS, a brochure issued yearly since 1934 by A. C. Nielsen Company, worldwide marketing research firm.

Area trends are reviewed individually

comparing drug sales in 1960 versus 1959; also compared are the trends for the first six months of 1961 with the comparable period of 1960. Noteworthy in the latter category was the strong showing made by stores in the Middle Atlantic territory where sales advanced 5.1% during the first six months.

Information in regard to drug and proprietary stores by county size and by store size is provided. Of special interest was the progress made by stores in "B" counties (population of 100M to 500M) in 1960. In 1960 these stores achieved an average gain of 8.2% over 1959, versus the national average of 5.9%.

Copies of the 27TH ANNUAL NIELSEN REVIEW OF RETAIL DRUG AND PROPRIETARY STORE TRENDS are available, no charge, from Industry Relations, A. C. Nielsen Company, 2101 Howard Street, Chicago 45, Illinois.

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ABBOTT'S DAVID D. STILES RETIRES IN NOVEMBER

The nearly 47-career of David D. Stiles with Abbott Laboratories ended November 30 with his retirement from the company.

During his career, interrupted only briefly for schooling and service in the United States Navy during World War I, Stiles served in many capacities in the Sales Division. He organized the company's Market Development Department and has served as Director of Market Development for the last 11 years.

He was born within the shadow of the first Abbott plant in Chicago, with Dr. Wallace C. Abbott, founder of the company, in attendance at the birth. In addition to his nearly 47 years full-time with the company, Stiles in his earlier years alternated working at Abbott and attending high school.

He entered Northwestern University in 1918, but left to join the Navy. After being honorably discharged in 1920 while attending Officer Material School, he became a salesman for the pharmaceutical company. His various assignments included territories in Iowa, Kentucky, Minnesota, North Dakota and South Dakota.

In 1925, after Abbott acquired the Dermatological Research Laboratories, Stiles was appointed a special DRL representative in several midwestern states. He became a District Sales Manager in 1933, and in 1934 was transferred to the home office in North Chicago to head the new Drug Trade Division.

Stiles was promoted to Assistant Sales Manager in 1938 and Associate Director of Sales in 1947.

Three years later he organized the company's Marketing Department as Director of Market Development. In this capacity he organized the first continuous national prescription survey through the cooperation of 25 colleges of pharmacy. The survey, involving a

study of more than 2 million prescriptions, has provided him with material for more than 100 papers and articles and for addresses on the prescription market, prescription pricing and public relations that he has delivered to more than 900 pharmacy groups.

In 1959 he received the first annual award in the Pharmaceutical Market Research Hall of Fame and in 1958-59 was runner-up for *American Druggist's* Man of the Year. Stiles is an honorary member of Phi Delta Chi. He served from 1954 to 1959 on the Advisory Committee of the University of Illinois College of Pharmacy.

NEW BOOK ON INFANT CARE FOR BABY DEPARTMENT

Some of the nation's top children's specialists—pediatricians, psychologists, nurses and educators—contributed to this latest book on **INFANT CARE**, published by Arco Publishing Co.

Based on the Official Handbook of the U.S. Children's Bureau, **INFANT CARE** offers more authoritative information and suggestions on this important subject than any other book in its field.

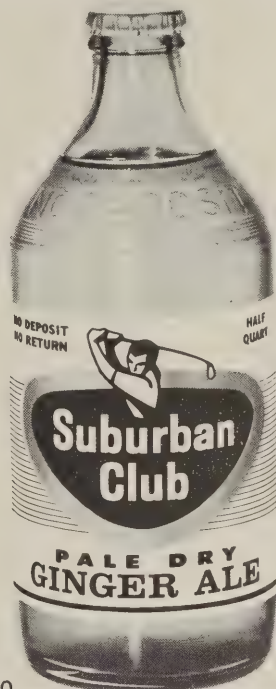
Designed to answer all questions about your baby's feeding, weaning, sleeping, bathing and playing. **INFANT CARE** does not neglect the psychological aspects of parenthood. It deals with the new experience of becoming a parent, love, the family, premature babies, toilet training, as well as what to do in case of illnesses and communicable diseases.

In addition to its 141-page main section—full of the most important information on your baby—**INFANT CARE** includes a 12-page supplement for recording the baby's vital statistics, monthly weight and height charts, an illness record and a picture album. **INFANT CARE** sells for \$2.00 and is available in book stores or directly from Arco Publishing Company, 480 Lexington Avenue, New York 17, N.Y.

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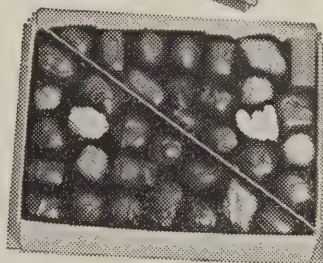
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AMA ACTS ON PHARMACY RENTAL ARRANGEMENTS WITH PHYSICIANS; STUDY TO CONTINUE

The American Medical Association House of Delegates has officially adopted a Judicial Council supplementary report that—

"Rentals by physicians for space leased by them to pharmacists based on a percentage of income are unethical; (and) rental fees charged by physicians for space leased by them to pharmacists must be reasonable according to the commonly accepted standards of the community or they are unethical."

The action was taken on November 29 by the House of Delegates meeting during the 1961 AMA Clinical Session in Denver, following a conference between the AMA Judicial Council and representatives of APA, ACA and NARD on November 26. During this conference which resulted in the AMA action, APhA and its affiliate, the ACA, took the position that

- (1) it is unethical for physicians to own pharmacies;
- (2) sliding scale rental or rental of space by physicians for pharmacies based on a percent of income is unethical; and,
- (3) unreasonable fixed fee rentals having no relation to the rental charge for like facilities is unethical.

While AMA took positive action on pharmacy rental arrangements with physicians, they left standing their policy that it is not considered unethical for a physician to own or operate a pharmacy provided there is no exploitation of the patient, pending further study and a report to be made at the AMA annual meeting next June.

APhA Secretary William S. Apple has commended the AMA for their favorable

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action on pharmacy rental arrangements with physicians, and announces that the unresolved difference of opinion relative to physician ownership of pharmacies will receive continuing attention. Additional and appropriate steps will be taken by APhA to provide the AMA Judicial Council with a full and complete set of facts for their consideration in preparing their report next June.

Upon his return from the Denver meeting, Dr. Apple pointed out that "pharmacists and physicians have continuously endeavored to protect the public interest by individually maintaining the highest personal code of ethical conduct. Prompt and thorough attention to unethical practices involving pharmacists and physicians is a responsibility of organized pharmacy as well as organized medicine."

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NEW TESTS FOR TUBERCULOSIS

An individual, disposable unit for detecting possible cases of tuberculosis has been marketed by Lederle Laboratories, a Division of American Cyanamid Company. It is called the Lederle Tuberculin Tine Test (Rosenthal).

The Tine Test unit consists of an inch-long, circular, plastic, plug, similar to a thimble, which is used as a handle in the administration of the test. It fits over a stainless steel disc from which four stainless steel tines protrude. The tines are about two millimeters long and spaced for millimeters apart. The tines are coated with a concentrated filtrate of heat-killed tubercle bacillus culture and then dried. Units are packaged in plastic trays which can easily be removed and which protect the tines and discs.

The unit is sterile, self-contained and immediately disposable, and offers a number of advantages:

1. The unit can be applied faster because no preparatory work is required.
2. Its accuracy is comparable to the Mantoux.
3. Applications can easily be made on a mass basis, or singly in the physician's office.
4. It is less likely to create fear among children than the needle method, and is virtually painless.
5. Multiple punctures help to eliminate test failures.
6. Predetermined dose not subject to errors of measurement.

To use, the unit is pressed firmly against the skin which allows the tines to perforate it. As in the Mantoux Test, readings are ordinarily made at 48 to 72 hours. Except for cleaning the site with alcohol, no other materials are needed.

Tine Test units are supplied in boxes of 25.

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RETAILERS BENEFIT FROM LILLY ANALYSIS SERVICE

The Lilly analysis service is provided in the interests of sound management, and it is intended to help retailers operate at optimum efficiency. Through the twenty-nine years of this unique management-counseling service, over 32,500 pharmacy reports have been analyzed. These personalized analysis reports are prepared by the Lilly Retail Pharmacy Operations Clinic for retailers who submit their annual income and expense statements and prescription records. A completed report, which averages about five pages, includes a review of the key areas of retail pharmacy operations—merchandise costs, inventory, salaries, rent, miscellaneous operating costs, and prescription department figures. Each of these items is compared with the averages of many similar-type pharmacies. Opportunities for improvement are clearly revealed, and constructive suggestions are offered when indicated.

Processing of Reports

All figures supplied for analysis are received at the Lilly Retail Pharmacy Operations Clinic. The secretarial staff acknowledges receipt of the data. Then, for processing purposes, a number is assigned to each report. The behind-the-scenes staff of three statistical technicians audit the figures for completeness and accuracy and prepare them for electronic processing. After completion of this phase, the store's report is analyzed by a qualified staff with pharmaceutical, business management, and accounting backgrounds, and the analysis is then typed by one of the three staff typists.

Because of the confidential nature of this service, the finished analysis report is mailed directly from Indianapolis to the address provided. The mailing envelope is marked for personal attention. Therefore, the operating figures remain confidential, because

they are seen only by the staff of the Lilly Retail Pharmacy Operations Clinic.

Analysis of Reports

To enable owners and managers to make better-informed managerial decisions for more efficient operations, the analysis covers facts concerning (1) the store's present position, (2) its previous position, and (3) how it compares with similar-type pharmacies. By means of electronic processing, all dollar amounts of income and expense are converted to a percentage of sales. Thus, the relationship between the various items can easily be seen, since all are based on a common figure.

If a proprietor has maintained continuity in reporting, the second step is to compare the current operations with those of the previous year. For this reason, a file copy of a completed report is retained for one year. The analysis report provides the store management with information on whether the operations have improved or remained at satisfactory levels or whether undesirable trends are developing.

Finally, the current operations are compared with those of pharmacies most like the one being analyzed. This procedure reveals where the operations compare favorably and where opportunities may exist for improvement.

For a free and confidential analysis of a retail pharmacy operation, all proprietors are invited to send their income and expense statements and prescription records to the Lilly Retail Pharmacy Operations Clinic, Eli Lilly and Company, Indianapolis 6, Indiana.

**JOIN YOUR
ASSOCIATION
LOCAL, STATE, NATIONAL**

**"IN UNITY THERE IS
STRENGTH."**

A.Ph.A. FOUNDATION RESEARCH ACHIEVEMENT AWARDS

Another Las Vegas first will be the presentation of the American Pharmaceutical Association Foundation Awards for Research Achievement at the A.Ph.A. annual meeting set for March 25-30, 1962.

The Committee on Selection invited A.Ph.A. members to submit nominations in the selection of worthy candidates for the following seven new awards:

Drug Standards and Assay
Pharmacodynamics
Physical Pharmacy
Advancement of Pharmacy
Natural Products
Stimulation of Research
Pharmaceutical and Medicinal
Chemistry

Each award will consist of an honorarium of \$1,000, a suitably inscribed certificate and travel expenses up to \$300 to accept the award.

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**In sorrow the thoughts of your
friends blends with yours.**

Katherine Parker Gakenheimer, graduate of the University of Maryland School of Pharmacy in 1939, died December 13, 1961. She is survived by her husband, Dr. Walter C. Gakenheimer of California.

Nathan I. Liss, graduate of University of Maryland School of Pharmacy, Ph.G. 1934, B.S., 1936, and former proprietor of a Baltimore pharmacy, died December 8, 1961.

Edwin Schmidt, Ph.G. 1916 from the University of Maryland and former member of the School of Pharmacy Faculty, died December 17, 1961. He operated a pharmacy for many years.



Howard E. Cooper of Fords Drug Store, died in Cumberland on December 10, 1961. He was a graduate of West Virginia School of Pharmacy in 1941 and a veteran of World War II.

Mr. Cooper was a past president of Allegany-Garrett County Pharmaceutical Association and was a member of the Executive Committee of the Mary-

land Pharmaceutical Association from 1957 to 1959.

He was also a member of the First Baptist Church, Masons and Rho Chi National Honor Pharmaceutical Fraternity.

Mr. Cooper is survived by his widow, Wanna R. Cooper.

PHOTOGRAPHY NEWS

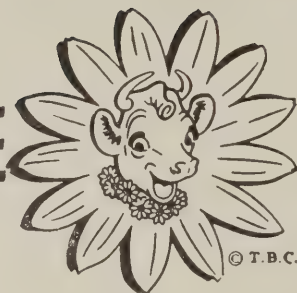
By M. Martin Settler

There have been quite a few changes in the photographic industry and I have been deluged with questions regarding them. There is no better way to inform you than through the medium of *The Maryland Pharmacist*. I will be happy to try to answer any questions regarding photography as it concerns the retail pharmacist. If I myself do not know the answer I will contact the people that do.

At the present time certain classes of film are being discontinued. The most important of these are the "F" type of film which is made for clear photo flash bulb. The film being made is the daylight type. All these films are what is known as color reversal film or when processed come back to the consumer as a slide film, mounted and ready to use in a slide projector or viewer. The proper flash bulb to use with these films is a blue bulb. The right size of blue bulb depends on the flash unit used and the base it takes whether it be an AG-1 Blue, M-2 Blue or 5 or 25 Blue. All you do is use the daylight type reversal film and a blue bulb, either indoor or outdoor, day or night.

With Kodacolor Film or negative type, that is where you get a negative and a color print when processed, the white flash bulbs are still used indoors.

Do not hesitate to write and your questions will be answered in the following issues of *The Maryland Pharmacist*.



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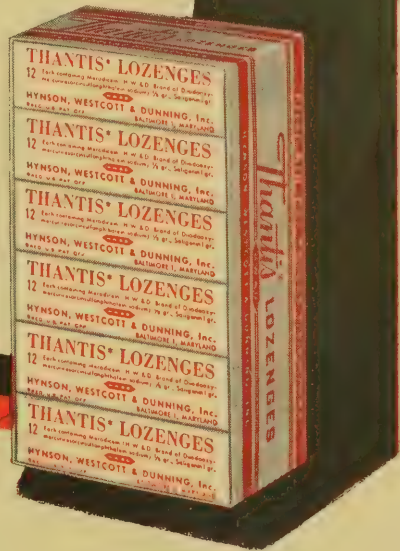
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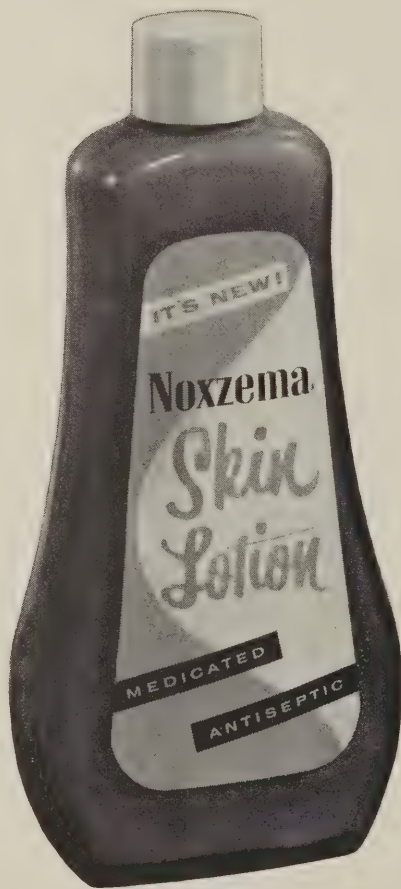
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Each 5-cc. teaspoonful provides:

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Thiamine Hydrochloride (Vitamin B ₁)	1 mg.
Riboflavin (Vitamin B ₂)	1 mg.
Pyridoxine Hydrochloride (Vitamin B ₆)	0.5 mg.
Vitamin B ₁₂ Crystalline	5 mcg.
Pantothenic Acid (as d-Panthenol)	1 mg.
Nicotinamide	5 mg.
Ascorbic Acid (Vitamin C)	35 mg.
Alcohol, 2 percent.	

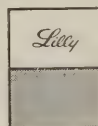
Usual dosage: Infants and children— $\frac{1}{2}$ to 1 teaspoonful (preferably at mealtime) one to three times daily.

Adults—1 to 2 teaspoonfuls (preferably at mealtime) three times daily.


ZentronTM (iron, vitamin B complex, and vitamin C, Lilly)

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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

VOLUME XXXVII

JANUARY, 1962

No. 4

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... Editorial ...

AMERICAN PHARMACY— A HOUSE DIVIDED

"A house divided cannot but fail."--
Abraham Lincoln.

"Great crises produce great men, and great deeds of courage."--*John F. Kennedy "Profiles In Courage"*

Both of these statements by Presidents of the United States have significance for the current situation in which pharmacy finds itself today.

"A house divided" is certainly an apt description of American pharmacy. The history of pharmacy in this country has been a long chronicle of various associations "going it alone" with many individuals completely unwilling to subordinate personal ambitions for the higher goals of achieving a true profession of mutually cooperative associations and individual practitioners.

The second part of President Lincoln's statement — "cannot but fail"—will not come to pass only if the quotation of President Kennedy becomes a reality in American pharmaceutical politics. The "great crises" in American pharmacy are here with us now in a most acute form. Will these crises "produce great men"? Will these "great men," if they appear, produce "great deeds of courage"?

Yes, "great deeds of courage" are sorely needed in 1962 if pharmacy is not to remain in a state of weakness and confusion, vulnerable to every wind of professional degradation and economic subversion.

"Great deeds of courage" by "great men" are needed if pharmaceutical association leaders on every level — local, state and national — are to sit down with open minds and open hearts and foster the steps that lead to cooperative efforts. In a climate of good will, men who vary in their organiza-

tional loyalties must grow in moral and intellectual stature. They must advance from narrow, special interest viewpoints to broader horizons encompassing commitment of all resources, of all energies to creating a true pharmaceutical team. All pharmacists might then be working for one set of goals — the elevation of the profession, the strengthening of its economic foundations and the development of practitioners universally recognized as being motivated by devotion to the service of providing medicine to the sick.

The pharmacist is the only one in the long chain involved in bringing therapeutic agents from raw materials to the patient's dosage form who has an individual professional license to practice.

It is the licensed pharmacist who has the greatest responsibilities — professional and legal—in the pharmaceutical chain. It is the pharmacist who faces the consumer at the end of the chain. He has the power, if properly organized and courageously led, to be a voice to be listened to.

Pharmacy demands a united house for the self-preservation of its integrity. Will there be the cooperation, the will, the statesmanship, the foresight, the moral conviction and the "great deeds of courage" that is the alternative to "a house divided?"

Norman Cousins, editor of the "Saturday Review":

To talk about the need for perfection in man is to talk about the need for another species. The essence of man is imperfection. Imperfection and blazing contradictions — between mixed good and evil, altruism and selfishness, cooperativeness and combativeness, optimism and fatalism, affirmation and negation.



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to the public

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Phil Collins (pictured above) is a member of SK&F's Professional Service Department. He—like the more than 400 Representatives who are enrolled in the SK&F Speakers Bureau—has received special training in public speaking. To date, Phil and his colleagues have spoken before more than a million people, including TV and radio audiences.

The SK&F Representatives describe highlights in medical and pharmaceutical progress during the last 30 years, and discuss some of the problems of health care today. The speeches usually end with a lively question-and-answer session.

If you would like to schedule an SK&F Speaker for a civic, social, or service group of which you are a member, just fill in and mail the coupon below.

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PRESIDENT'S MESSAGE

Dear Fellow Pharmacist:

The new year of 1962 is now under way marking the mid point of the Association year, which began last July following the Annual Convention.

Association activity is now gathering momentum at an accelerated pace as our new secretary familiarizes himself with the many ramifications of his demanding position. Many of the Association committees have held meetings recently and have made plans for the coming months.

The Swain Pharmacy Seminar Committee, under Chairman Al Ogrinz, has completed program plans and publicity has already been launched for the second seminar to be held on March 15th. Every pharmacist will benefit by attending this educational event.

The Social Committee, under Chairman Vic Morgenroth, has made plans for both an entertaining and educational convention program for 1962 and has initiated steps that should result in a most appealing surprise for the Convention of 1963.

The Professional Relations Committee, under Chairman Steve Provenza, is working on a number of projects, including an unusual exhibition at the Medical and Chirurgical Faculty Annual Meeting in April.

Most important to the present and future welfare of the Association is the work of the Membership Committee, under Chairman Al Ogrinz. This Committee, with the assistance of many Association members, plans to personally contact every pharmacist who is not a member of the Association. In addition, the Membership Committee has made recommendations as to a possible revision in the membership categories and dues structure in order to encourage more pharmacists — particularly non-proprietors — to become full fledged active members of the professional pharmaceutical society of Maryland — The Maryland Pharmaceutical Association.

So far membership for 1962 is exceeding 1961. Have you shown by your prompt remittance that you want your professional organization to have the numerical strength, prestige and financial resources required to win the critical battles for Pharmacy?

Sincerely,

NORMAN J. LEVIN
President

SPRING REGIONAL MEETING

THURSDAY, APRIL 12, 1962

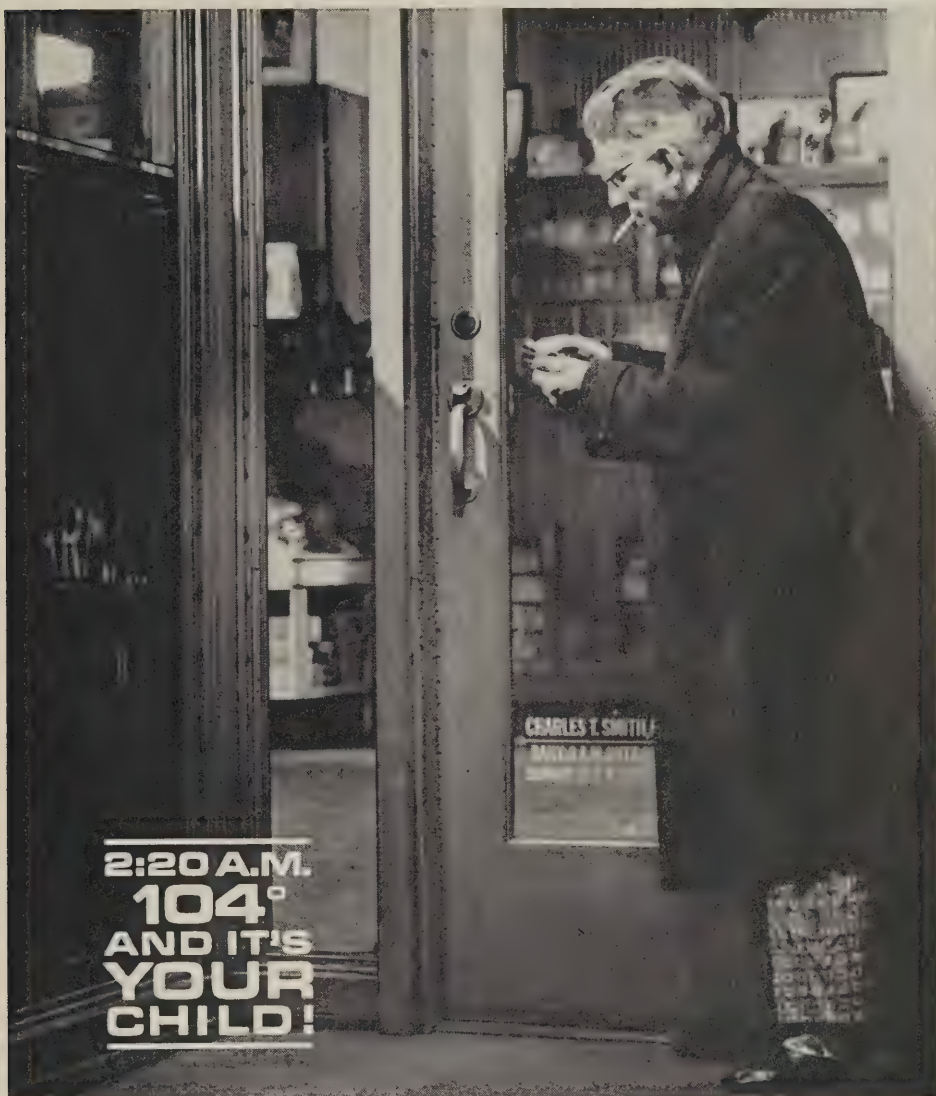
ALI GHAN SHRINE COUNTRY CLUB

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Secretary's Script...

A Message from the Executive Secretary

"WANTED: PHARMACISTS — to work for their profession and themselves."

Some of the positions open for those pharmacists willing and able are:

1. Membership Committee activities: promote membership in the Association; contact delinquent and prospective members. Alexander J. Ogrinz, Jr., Chairman.
2. Trade Relations Committee: improve the relations between pharmacists, wholesalers and manufacturers. Aaron M. Libowitz, Chairman.
3. Legislative Committee: study legislation (local, state, federal); recommend legislation; participate in and attend legislative sessions and hearings. Victor H. Morgenroth, Jr., Chairman.
4. Professional Relations Committee: foster harmonious relations with allied professions of medicine, dentistry, etc.; arrange inter-professional meetings concerning mutual problems; participate in convention exhibits of allied professions. Stephen J. Provenza, Chairman.
5. Public Relations Committee: develop and participate in programs to enhance public understanding of pharmacy through radio, T.V., newspaper and talks to groups. Charles E. Spigelmire, Chairman.
6. Pharmacy Committee: promote the professional practice of pharmacy. Wilfred H. Gluckstern, Chairman.

These are only part of the Association committees which are the working arms of your Association. The complete list is in the Proceedings Issue of THE MARYLAND PHARMACIST and a copy of the committee roster listing the mem-

bers of each committee is available from the office. Members interested in a particular committee activity will have their requests referred to the committee chairman.

By actively participating in committee work, each member will add his contribution in effort, time and ideas to the realization of the Association's and the profession's goals. These goals coincide with the aims of every member for the enhancement of pharmacy professionally and the securing of a just position for pharmacy in our society.

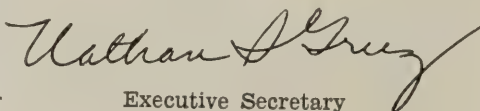
The work of two of the Association committees will culminate in two important events in the near future:

THE SECOND ANNUAL ROBERT L. SWAIN PHARMACY SEMINAR, Thursday, March 15th. Reserve this date now and make your plans to attend. Here is an opportunity to have your knowledge of the endocrine system and endocrine drugs brought up to date.

THE SPRING REGIONAL MEETING of the Maryland Pharmaceutical Association will be held on April 12th, at the Ali Ghan Shrine Country Club, Cumberland, Maryland. Mark your calendar. Details will be publicized.

Your officers and committee workers look forward to a large turnout at both events. Will you indicate by your presence that you will support efforts in behalf of your profession?

Sincerely,

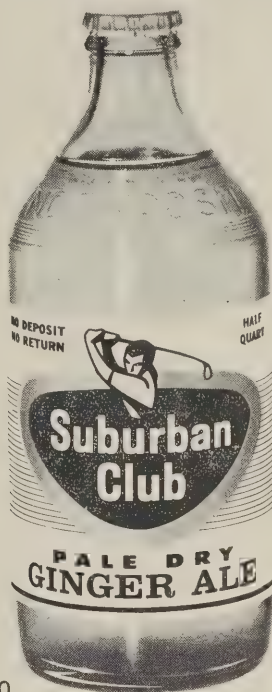


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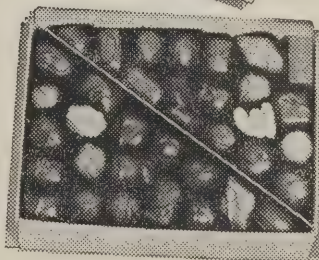
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Lyon's Pharmacy, Anthony J. Snadowski, Prop.: Formerly George M. Schmidt, 107 E. Main Street, Elkton, Maryland.

Carleton W. Hanks, Jr.: Formerly Carleton W. Hanks, Sr., 221 Maryland Avenue, Cumberland, Maryland.

DRUG STORE CHANGES

The following are changes in drug stores for January:

New

Bethesda Drug Company, Inc., Milton L. Elsberg, Pres., Drug Fair No. 63, 6000 Greenbelt Road, Greenbelt, Maryland.

Morton Pharmacy, Inc., Joseph H. Morton, Pres., 5408-10 Sinclair Lane, Baltimore 6, Maryland.

Change of Ownership

Denhard Pharmacy, C. Edward Pfeifer, Jr., Prop.: Formerly C. Edward Pfeifer,

Closed

Rezek's Pharmacy, George J. Rezek, 1200 N. Patterson Park Avenue, Baltimore 13, Maryland.

Markin's Pharmacy, Samuel Markin, 3101 St. Paul Street, Baltimore 18, Maryland.

Read Drug & Chemical Company, Arthur K. Solomon, Pres., Charles and Lexington Streets, Baltimore 2, Maryland.



Look what I found!

I found that my customers really go for those tasty Lance snacks. And I found, too, that I make more money on them than any other brand. Must be because they sell so fast.

They're advertised



Tell them you saw it in "The Maryland Pharmacist"



If you had to make your own children's multivitamins

...chances are you'd try to make them very much like our **new VI-DAYLIN® CHEWABLE with Entrapped Flavor**. Entrapped Flavor means a better tasting chewable children's multivitamin; one with no vitamin aftertaste. Here's why: 1. We coat all the vitamins in a digestible film that does not dissolve until it reaches the gastrointestinal tract. This means that unpleasant strong vitamin tastes are not released in the mouth, but in the g-i tract where they are most quickly absorbed. 2. We make certain that every Vi-Daylin Chewable tablet tastes citrus sweet and good to every patient, everytime; we coat the flavoring oils in each tablet in a water soluble film. This film dissolves immediately in the mouth, releasing the full bouquet of our citrus-candy flavoring agents.



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IT ALL BEGINS WITH YOU

By Robert L. Swain

True enough, charity begins at home. And so do many other things. All of which merely means that we as individuals are mighty important. What we say, what we do, what we believe, how we act, what we are, not only interprets us to others but to ourselves as well. This is all wrapped up in the ancient concept that to be true to others we must first of all be true to ourselves.

Keep these thoughts in mind as you seek to pinpoint your establishment in its relationship to your profession. If this relationship is faulty, if it fails to stir you to a sense of professional obligation, if it does not make you aware of your responsibility to your calling and the public which it serves, you can hardly lay claim to meeting either your professional or civic responsibilities.

All of which lead one to assert that you owe it to yourself, your profession and to the public at large, to conduct yourself and your pharmacy on the highest plane that is within your ability to attain. If you fail yourself it follows that you will fail your calling and the public as well.

Getting down to a practical basis, it is my judgment that your obligation to pharmacy and yourself can be met, in part, by having your pharmacy conform to excellent housekeeping standards. At least 500 people visit your pharmacy daily. This means that you have 500 opportunities every day to give pharmacy a boost or to pull it down. People being people react to what they see; and what they see largely determines their attitudes towards their environment.

For the most practical of reasons every retail pharmacy should be conducted so as to stir a favorable reaction

within the community. The store should be well lighted and attractively furnished, with orderliness prevailing throughout. Displays should be neat, timely, appealing. The whole atmosphere should reflect good housekeeping in the most realistic and practical sense.

Your store not only reflects you, it is you. The impression your store makes is a reflection of your personal character and professional responsibility. You are inescapably what your store says you are.

Study your store down to the last detail. Be critical of your layout, your overall appearance, look for defects in every phase of your store arrangement, try to see everything which might stir a sour note with the public.

Such an exercise on your part will make you a public relations expert so far as you and your pharmacy are concerned. Be sure that your pharmacy reflects you to the community in the best possible light.

To many people public relations is a bore, bothersome and more visionary than real. To others it is the most vital subject before pharmacy today. It stands to reason that pharmacy must enjoy high favor with the public if it is to withstand the terrific pressures, beating upon it from all sides. And to enjoy high standing with the public pharmacy must ever be tops with us.

NOTES ON THE HISTORY OF PHARMACY IN MARYLAND

By B. Olive Cole

THE PHARMACEUTICAL JOURNAL CLUB

Pharmacists and pharmaceutical organizations of Maryland now are interested in seminars, regional meetings of the Maryland Pharmaceutical Association, evening meetings of the Baltimore Metropolitan Pharmaceutical Association, drug shows, the frolic, mid-

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year and annual banquet of the Alumni Association of the School of Pharmacy, together with State and National publications, as well as those of many other sectional groups. However, the early work of THE PHARMACEUTICAL JOURNAL CLUB OF BALTIMORE should be recorded.

Around the turn of the Twentieth Century, the late Dr. Henry P. Hynson who was noted for his great interest in pharmacy and also for his great ability in planning pharmaceutical organizations to arouse interest in different phases of pharmacy, successfully organized THE PHARMACEUTICAL JOURNAL CLUB OF BALTIMORE. The group looked forward not only to the useful work that could be done; to the wholesome pleasure to be derived from the Club; and also the influence—practical and ethical—which it might exert on pharmacy.

The first meeting was held in an alcove off the basement dining room of the Belvedere Hotel, following an a-la-carte dinner. Later the meetings were held in Mullen's Hotel, which was destroyed in the great Baltimore fire of 1904, and still later at Kernan's Hotel. The meetings were pleasant—good friends all—but with enough argument and difference to make them spicy.

Some members were critical of the articles published in pharmaceutical journals, which gave information on subjects of interest and yet were not scientifically sufficient to find place in scientific publications and text books.

The members of the Club were proud of the production of original papers, particularly as Dr. Hynson gave them to the State Association, thereby giving the Club prestige in that body. The papers presented were related not only to pharmacy proper, but to chemistry and commercial interests, and included the following:

"Blaud's Mass", "Disintegration of Tablets", W. J. Lowry, Jr.

"Boro-Salicylic Acid", H. L. Troxel
 "Syrup Ferrous Iodide", Frantz Naylor
 "Compounding several Pharmaceutical Preparations", "Adulteration of Wax", "Compounds of Metals with Proteids", H. A. B. Dunning
 "Copper Oleate", "Paraffins as an absorbent for Oils", "Mild criticisms of the Journals", Joel J. Barnett
 "Fowler's Solutions", C. D. Hickman
 "Notes from the Prescription Counter", Frank L. McCartney
 "The Journals", "Some Points in Dispensing", "The Antitoxin Unit", Henry P. Hynson
 "Sunday Closing", John A. Davis
 "Some Assay Methods", "Acetylene Gas", L. A. Beck
 "Resin Jalap", "Assay of Dover's Powder", E. F. Kelly

Two or three of the papers deserve special mention. That of Franz Naylor, "Syrup Ferrous Iodide", created quite a general discussion of this interesting preparation. That of William J. Lowry, Jr. on "Blaud's Mass" was equally interesting and won the Merck Prize at the meeting of the State Association; while Dr. Hynson's article "The Journals" was widely copied and commended.

The club members were pleased with their position in the Alumni Association of the College, as well as in the State Association, and especially in the broad and liberal feeling of brotherhood among the members.

SOME USES OF POLYOXYL 40 STEARATE

By B. F. Allen*

Polyoxyl 40 Stearate, U.S.P., official synonyms—Polyoxyethylene 40 Monostearate and Stearethate 40 is the monostearate ester of condensation polymers of ethylene oxide represented by the formula $H(OCH_2CH_2)_nOCO(CH_2)_{16}CH_3$, in which n is approximately 40 and indicates the number of oxyethylene units.

This substance occurs as a waxy solid, light tan in color, and is odorless or

*Associate Professor of Pharmacy, University of Maryland.

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has a faint fat-like odor. It is soluble in water, alcohol, ether, and acetone. It is insoluble in mineral oil and in vegetable oils.

Polyoxyl 40 Stearate congeals between 39° and 44°C. and the Pharmacopoeial category for this material is that of a surfactant.

Many emulsifiers have been investigated with an eye toward improving the official U.S.P. formula for Hydrophilic Ointment, a formula widely accepted in the trade as a washable base for medicated ointments. The main function of an emulsifier in an ointment like this is to "tie together" the waxy or oily components with the water in the formula. The choice of emulsifier also determines the washability of the ointment.

According to some investigators, polyoxyl 40 stearate^a seemed to do this job very nicely and at one time it was used to replace the sodium lauryl sulfate^b, which is incorporated in the official formula.

In the aforementioned formula, sodium lauryl sulfate was replaced primarily due to the possible incompatibilities with cationic medicaments and because many drug authorities consider it as a possible cause for skin irritation. The nonionic nature of the polyoxyl 40 stearate eliminates the possibility of an adverse affect upon the medicament and is said to have shown no untoward effects on the skin.

It was also stated that the ointment manufactured with polyoxyl 40 stearate did not break down over long periods of time, was superior in texture, appearance and slip, and did not get soft when stored in hot places.

The versatility of this particular base is exemplified by a 1:6 dilution with distilled water producing a hydrophilic lotion which might be used as a vehicle for medical agents.^c

Polyoxyethylene (40) stearate is commercially available under the trademark name of Myrj 52.^d Also, this compound is often chemically identified

as 40-dendro-stearic acid. The word "dendro" is often used in connection with ethylene oxide. It comes from the Greek "dendron" meaning tree. It seems that when ethylene oxide (ETO) is added to some chemical molecules, the resultant structural formula, according to some chemical imaginations, looks like a tree with many branches. Otherwise, one would have to say stearic acid with 40 mols of ethylene oxide added.

Actually, there is a series of six or more Myrj emulsifiers available which are said to be non-ionic, low melting point, waxy surface active agents ranging from water-dispersible to water-soluble and varying over considerable range in oil solubility.

These products are essentially neutral polyoxyethylene derivatives of fat-forming fatty acids (usually stearic acid) and are used especially as food emulsifiers to give improved texture to bread, cakes, and other pastries. It is reported that they break down in the digestive tract in a manner similar to that of edible oils and fats.

Typical examples in addition to the aforementioned Myrj 52 are Myrj 45 (polyoxyethylene stearate) and Myrj 59 (polyoxyethylene 100 stearate).

It is extremely interesting to note that Myrj 52 in the concentration of 0.1 per cent has been used in ice cream as an emulsifier-stabilizer. Polyoxyethylene (8) stearate is said to be used extensively in yeast-raised baked goods such as breads and rolls. The addition of approximately 0.3 per cent of the latter compound prolongs the palatability and softness of these products, resulting in improved bread-box life.

Many solubilizers have been tested in an attempt to speed up or simplify

^a in Hydrophilic Ointment, U.S.P. XV

^b in Hydrophilic Ointment, U.S.P. XIII, XIV, and XVI

^c the current official Hydrophilic Ointment can also be used in a similar manner

^d Atlas Chemical Industries, Inc., Wilmington, Del.

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the manufacture of the official aromatic elixer. Among the solubilizers which produced clear elixers having acceptable odors and tastes was a polyoxyethylene stearate (Myrj 51).^e

It has been reported that, of eleven bases evaluated as vehicles containing one per cent hydrocortisone, the following was one of five selected as generally useful:

Glycerin	24.8
Cetyl alcohol	14.9
Sesame oil	20.0
Myrj 52	5.0
Glyceryl mono-stearate	5.0
Water	30.3

This base, along with four others, was characterized as not exerting too drying an effect and yet not being too greasy.

Also, the following formulation has been listed as a suppository base.

Myrj 49	73.
Myrj 52	23.
Amerchol L-101	4.

Recently, the following two commercial products have appeared on the market listing polyoxyl 40 stearate among the vehicle ingredients: Cortisporin Ophthalmic Suspension (BW& Co.) and Cordran Cream (Lilly).

Several other manufacturers of raw materials are currently producing chemicals such as Nonisol 250^g and Glycosperse SA-8^h which are similar to those discussed in this paper.

A commercial product Tricofuron suppositories (Eaton) lists 20-dendropalmitic acid as one of the base constituents. This illustrates that fatty acids other than stearic acid can be reacted with ethylene oxide to produce useful chemical substances.

^e 1.7 Gm. used for 0.6 ml. oil mixture present in compound orange spirit

^f a liquid multi-sterol preparation

^g Alrose Chem. Co., Providence, Rhode Island

^h Glyco Chemicals, New York, N.Y.

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Volume 20

JANUARY, 1962

No. 3

T.A.M.P.A. MEETING

The first meeting of the T.A.M.P.A. New Year was convened at the Pimlico Hotel on Saturday, January 6th. The meeting was well attended indicating that in general, our membership survived the holiday season in good stead.

Following lunch President Ed Kabernagel introduced the guest speaker, the Rev. John W. Payne, Executive Director of the Baltimore Goodwill Industries. Reverend Payne has held this position with Goodwill for 10 years and has served as a Methodist Minister for 21 years.

In his talk, Reverend Payne explained that Goodwill is a non profit worldwide organization some 60 years old, dedicated to the rehabilitation of handicapped people.

In essence, Goodwill deals with two types of people. The first group consists of those people that can be completely rehabilitated to the point of obtaining and holding a competitive job in industry, such as wiring computers for I.B.M. The second group is made up of those people who, due to the nature of their handicap, either physical or mental, cannot be fully rehabilitated. These are the marginal producers,

the group that represents the biggest drain on Goodwill's resources.

Rehabilitation is achieved by teaching the people trades through repairing various types of defective consumer goods, such as appliances, shoes, clothing, etc., which have been discarded or donated to Goodwill. In addition, Goodwill workers do various types of simple assembly work for corporations. Each worker is paid a wage of approximately \$1.15 per hour, regardless of his productive ability.

This is the point where the second group, "the marginal producers" affect Goodwill. These people, due to the nature of their handicap cannot achieve full productivity, yet they are paid the same rate as those workers capable of full productivity. Thus it is that Goodwill actually subsidizes the second group of workers paying them in other words the difference between their actual worth and the wage of \$1.15.

It is to be noted at this point that Goodwill is not a charitable organization. Each person works as best he can to earn his wages and no one is given something for nothing.

As a further indication of its scope and the job it does, it should be men-

tioned that Goodwill pays out some \$11,000 per week in wages. This money comes from the sale of the items repaired in the work shops and contributions.

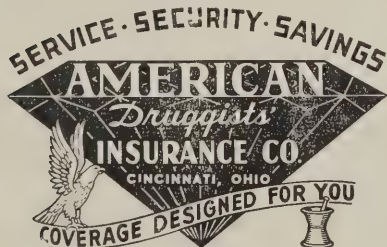
I am sure all members will agree Reverend Payne's talk was both timely and enlightening. He represents a fine and worthwhile organization.

The T.A.M.P.A. scheduled included the annual T.A.M.P.A. Oyster Roast on January 27th.

State pharmaceutical association secretaries have been warned that **Rx price agreements with charitable and health organizations may be illegal.** The law is not concerned with the motive behind such agreements, said Don Counihan, counsel for the American Society of Association Executives.

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PRESIDENT'S MESSAGE

BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

Dear Fellow Pharmacists:

As your new president, it was gratifying to see the large turnout of members and their wives at the Installation Dinner Meeting in January at the Alcazar. On behalf of your officers and Executive Committee, I would like to express our appreciation of this demonstration of solidarity and support. Our thanks are due the American Express Company for helping to make this fine event possible.

The new committee chairmen and their committees have been appointed and are already functioning. Soon the membership will receive information about a number of activities and projects the B.M.P.A. is engaged in.

In February an outstanding regular meeting was scheduled featuring a program by Schering Laboratories and a presentation on economical group life insurance which will be available to members through the Northwestern Life Insurance Company. It will be to the great professional and personal advantage for every member to attend this meeting.

Plans are progressing for the Annual B.M.P.A. Banquet and Dance under Chairman Aaron M. Libowitz and Co-Chairman John F. Neutze. This year's affair will have many wonderful surprises. Mark your calendar now for Sunday, March 18th.

Although membership dues payments for 1962 are well ahead of last year, many of you have not mailed in your dues as yet. Save your Association the expense of additional mailings and calls — mail your dues in now.

No pharmacist can afford not to be a member of B.M.P.A. Let me see you and every supporter of pharmacy at the next meeting.

Sincerely,

JEROME J. CERMAK
President



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:- NEWS ITEMS :-

INSTALLATION OF OFFICERS BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION



Left to right: Nathan I. Gruz, Secretary; Irving I. Cohen, 3rd Vice President; Sam A. Goldstein, Past President; Chester G. Kosakowski, Honorary President; Jerome J. Cermak, President; Aaron M. Libowitz, 1st Vice President; Charles E. Spigelmire, Treasurer; absent at picture time: Marion R. Chodnicki, 4th Vice President.

MILITARY SERVICE OF ENLISTED PHARMACISTS PERSONNEL SELECTION AND CLASSIFICATION

A critical shortage of pharmacy specialists (MOS 932) presently exists, according to a notice issued by Headquarters, Department of the Army. The Army has been filling requirements for enlisted pharmacists by classifying and using MOS 932 soldiers with prior civilian training in pharmacy. The current shortage has developed gradually through normal personnel losses and reduced input of personnel with pharmaceutical training into the Army.

To help overcome the existing shortage in MOS 932, major commanders will require the review of the qualifications of assigned enlisted personnel to identify individuals qualified for MOS 932 who are not presently classified in this MOS.

Qualified individuals will be reclassified into this MOS provided they meet the following standards:

1. The individual's present primary MOS was acquired by attending a course which required less than 20 weeks of Army service school training.

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2. The individual is eligible for PCS in accordance with AR 614-240. This provision will not apply in the case of individuals who can be utilized locally in MOS 932 without a PCS move.

3. Individuals with pharmacy training will be selected for reclassification in a skill level commensurate with the following criteria:

a. **Private and Specialists**

(1) Non graduates — Personnel who have had formal training in an accredited school or college of pharmacy for at least 2 years will be assigned to on-the-job training in MOS 932.1.

(2) Graduates — Personnel who are graduates of an accredited school or college of pharmacy will be classified in MOS 932.2.

b. **Noncommissioned Officers**

Only those NCO's who are graduates of an accredited school or college of pharmacy will be awarded MOS 932.

Individuals undergoing basic training who have pharmacy background will be awarded MOS 932 at the skill level commensurate with their civilian background. Individuals so classified will be reported to The Adjutant General, Department of the Army.

EXECUTIVES PROMOTED AT SUBURBAN CLUB—PEPSI COLA

Promotion of three executives by the Board of Directors of the Suburban Club Carbonated Beverage Company, Inc., and the Pepsi Cola Bottling Company of Baltimore has been announced by Abe Lapides, president.

Stanley Goldberg, 40-year old Baltimorean, with the company since 1939, is now Vice President. He continues in his position as Assistant Sales Manager of the company's Key Highway operation.

Mr. Goldberg attended The Johns Hopkins McCoy College and Pratt Insti-

tute in Brooklyn, New York. He has been active in civic affairs in Baltimore, serving as chairman during 1960 of the Baltimore Chapter, National Foundation, as well as chairman of its March of Dimes 1961-62 drive.

William Hallett, a native of Washington, D.C., who at one time was employed by the parent Pepsi-Cola Company, becomes Assistant Vice President in charge of accounting at the Pepsi-Cola bottling operation. Mr. Hallett attended Benjamin Franklin and Georgetown Universities. He has been office manager of the Pepsi-Cola - Key Highway bottling operation since 1948.

New Assistant Vice President in charge of production is Donald Gaylord, who joined the Baltimore firm in 1957. Mr. Gaylord has a long record of experience in bottling, both in this country and abroad, entering the beverage machinery field with The Liquid Carbonic Corp. in 1937.

Mr. Lapides said the promotions are the result of "outstanding contributions" by the three men to the beverage companies' progress.

NEW YEAR'S RESOLUTION WE MIGHT USE!

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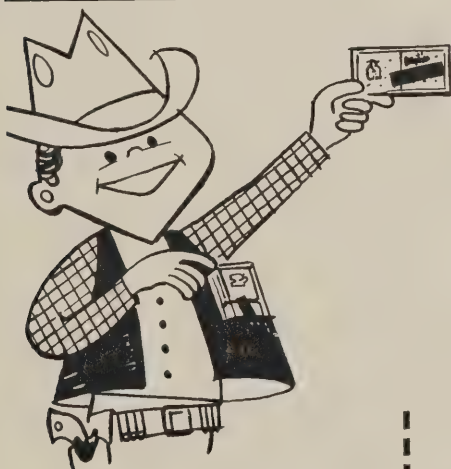
- To keep our noses clean at all times, in spite of the cost of handkerchiefs.

- To spend more time **thinking** and working toward bettering our own stores, in stead of **crying** about the competition.

- To strive at all times to **prove** we are professional men; and that a pharmacy **is** the place to buy drugs, and all medications.

- To be a part of the community, and a neighbor to our customers, at all times.

Les Brunnett
In the "Bi-County Pharmacist"



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SECOND ANNUAL DR. ROBERT L. SWAIN PHARMACY SEMINAR

Thursday, March 15, 1962

Pharmacists and allied members of the profession are invited to attend the Second Annual Dr. Robert L. Swain Pharmacy Seminar on Thursday, March 15, 1962, at the University of Maryland, Health Sciences Library Auditorium, Lombard and Greene Streets, Baltimore, Maryland.

The Annual Dr. Robert L. Swain Pharmacy Seminar has been established by the Maryland Pharmaceutical Association with a twofold purpose in mind.

First, to recognize the many years of service Dr. Swain has devoted to the profession of Pharmacy.

Secondly, the Maryland Pharmaceutical Association is striving to bring to pharmacists and the allied drug industry information of interest to all segments of the profession and the industry. Changing conditions and practices demand we meet in open forum to be brought up to date with newer knowledge and discuss pharmacy problems with experts. The Dr. Swain Seminar provides such an opportunity annually.

Pre-Registration Fee—\$5.00 per person—Includes Parking—Lunch—Attendance Certificate (You may register at the time of the Seminar but Parking Facilities are provided only for those who Pre-Register. Fee as above.)

Partial Registration Fee—\$3.00 per person—You may attend either the morning or afternoon session for a fee of \$3.00. This includes Parking for those who pre-register only, but does not include lunch and the Attendance Certificate.

Pre-Register and avoid standing in line and parking inconvenience. All tickets will be mailed prior to the Seminar.

Sleeping Accommodations are available at the Baltimore Union Building of the University at \$4.00 per night, single. Male occupancy only.

PROGRAM

MORNING SESSION

8:30 A.M.—Registration—Health Sciences Library Auditorium

9:00 A.M.—Welcoming Remarks—Dr. Noel E. Foss, Dean, School of Pharmacy, University of Maryland.
Dr. Robert L. Swain, Guest of Honor—Greetings
Morning Program Chairman, Nathan I. Gruz, Executive Secretary, Maryland Pharmaceutical Association.

Guest Speakers:

Dr. Leslie C. Costello, Associate Professor of Anatomy and Physiology, School of Pharmacy, University of Maryland, "General Endocrine Physiology."

Dr. Casimir T. Ichniowski, Emerson Professor of Pharmacology, School of Pharmacy, University of Maryland, "Pharmacologic Aspects of Endocrines and Related Drugs."

A discussion period will follow each speaker.

12:30 P.M.—Lunch — University of Maryland Baltimore Union Cafeteria, 621 West Lombard Street.

AFTERNOON SESSION

1:30 P.M.—Call to order—Dr. Noel E. Foss.

Program Chairman, Victor H. Morgenroth, Jr., First Vice-President, Maryland Pharmaceutical Association.

Guest Speaker:

Dr. Herbert S. Kupperman, Associate Professor of Medicine, New York University Post-graduate Medical School and Consultant, A.M.A. Council on Pharmacy and Chemistry, "Newer Advances in Endocrine Therapy."

A discussion period will follow.

4:30 P.M.—Summation—Dr. Noel E. Foss.

Adjournment

Mail Check to

Maryland Pharmaceutical Association

650 W. Lombard Street, Baltimore 1, Maryland

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Industrial Pharmacy Committee: Irving I. Cohen, Chairman; All Medical representatives.

Dr. Harold W. Dodds:

It's an old adage that the way to be safe is never to be secure . . . Each one of us requires the spur of insecurity to force us to do our best.

HOSPITAL PHARMACY RESIDENCY

The University of Maryland's School of Pharmacy and Hospital are pleased to present a combined Graduate Study-Residency Program in Hospital Pharmacy, leading to the Master of Science degree and a Certificate of Residency in Hospital Pharmacy.

Appointments to the residency are for a period of two academic years beginning each July 1. During the academic year, the resident divides his time between hospital pharmacy and graduate study. Full time training in University Hospital will be required during the summers. University Hospital will provide a stipend of \$2400 per year for the first year as Assistant Resident. Completion of the Assistant Residency leads to appointment as Resident with a stipend of \$3000 per year. An increase in the stipends is under consideration for the year beginning July 1, 1962. Parking space, uniforms and laundry of uniforms are furnished without charge.

Acceptable hospitalization insurance must be carried and Blue Cross is available as a payroll deduction.

Applicants must be graduates of accredited colleges or schools of pharmacy and have all prerequisites for admission to the graduate school.

There is no formal application blank but all applicants will submit full details (date and place of birth, citizenship, health, marital status, education, pharmaceutical experience, a small, recent photograph and an official transcript of undergraduate work completed to date). He should also ask his Dean and two of his college faculty to write to the Director of University Hospital in support of his application.

The deadline for all required information is April 1, 1962. All applicants will be notified May 1, 1962.

The above should be addressed to Lad F. Grapski, Director, University of Maryland Hospital, Baltimore 1, Maryland.

"RESEARCH IS KEY TO DRUG FIRM'S SURVIVAL"

No major pharmaceutical company could hope to survive the industry's intense competitive race today without its research team, Dr. L. Earle Arnow, president of Warner-Lambert Research Institute, Morris Plains, N.J., said in the January issue of *Research Management*.

Research teams, however, are a comparatively recent innovation, he added, explaining that prior to 1933 the pharmaceutical industry did not even discover the drugs it produced because it did no research.

While many older drugs still are useful, most of them cannot compare in therapeutic effectiveness with those that the industry has discovered since the early 30's, he stated. The list of new pharmaceuticals includes:

Powerful agents against infectious diseases—sulfa drugs, antibiotics, nitrofurans and new antiseptics.

A large and growing family of drugs to treat mental ailments—tranquilizers, antidepressants and mental stimulants.

Polio vaccine and drugs effective against rheumatic and allergic diseases.

Antihistamines, potent sex hormones, and other regulators of body metabolism, coronary vasodilators, anticoagulants, antispasmodic and antisecretory substances, and numerous vitamins.

The scientific team that made these new drugs possible has problems different from researchers in other industries, he noted.

Normally, Dr. Arnow explained, after a chemist is guided by "careful observations and hunches" to a meaningful discovery, the major hurdle is over. But in the drug industry, "joy in the laboratory" at a new finding is just the beginning. Now, the chemist must turn his finding over to the biologist to study it

in animals. Then the physician must determine the drug's effect on humans in extensive clinical trials.

He added that sometimes these trials turn up uses not predicted by the laboratory scientist. For example, pentaerythritol tetranitrate (PETN) was placed on clinical trial as a potential hypotensive drug. It was found to be ineffective for this purpose "but incidentally (or accidentally) proved to be effective in preventing attacks of angina pectoris."

Research Management is published bimonthly by the Industrial Research Institute, New York. Dr. Arnow is a physician, biochemist and former university professor.

CORRESPONDENCE

ABBOTT LABORATORIES

NORTH CHICAGO, ILLINOIS

January 31, 1962

Nathan I. Gruz,

Editor

Maryland Pharmacist

Dear Mr. Gruz:

We have received numerous inquiries concerning Abbott's cancellation of its Arthur Godfrey contract last fall for the promotion of Sucaryl.

We cancelled the Arthur Godfrey contract because of Mr. Godfrey's part ownership and promotion of the Blue Ridge Vitamin Company. That is the name of a firm whose products Godfrey has been promoting on the air and in printed literature mailed to consumers.

Our action was prompted by Mr. Godfrey's use of such spoken expressions as "high priced, over-priced vitamins which your druggist sells," and the printed words, appearing over his name, "no middleman jacking up the price you pay."

We hope that the above may clarify our position.

Joseph S. Rowe, Manager
Drug Trade Department

Congratulations
and
Best Wishes
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NOXZEMA OPENS "MOST MODERN WAREHOUSE IN THE NATION"



Loading platforms at the new Noxzema warehouse near Cockeysville, Maryland can accommodate nine tractor-trailer trucks simultaneously. The recently completed building provides easy access to a new high-speed throughway allowing transportation by truck to all parts of the eastern United States within a 24-hour period.

The Noxzema Chemical Company's intensified marketing and expanded production program, with sales more than doubling in the past six years, has necessitated the construction of an entirely new warehouse for the storage and rapid handling of Noxzema products in Cockeysville, Maryland, near the outskirts of Baltimore. Described as the most modern building for the storage and handling of cosmetic products in the nation, the new warehouse was built at an approximate cost of \$1,500,000.

Long a dominant name in the medicated skin care field, Noxzema now occupies an important new position in the cosmetic industry as well. Its Cover Girl make-up line introduced early in 1961 as the "first glamour make-up that's actually good for the skin," has already become a firmly established volume seller, capturing a good share of the multi-million dollar cosmetic market.

Designed by Skidmore, Owings and Merrill, New York architects, and built by Henry A. Knott, Inc., of Baltimore,

the new one-story building occupies 85,000 square feet and is set on a completely landscaped 60-acre tract, formerly the growing farm for one of the area's leading nurseries. It is the first warehouse in the middle Atlantic area to be constructed of a special type of 5½ x 20 ft. insulated panels faced with granite chips which afford excellent temperature control, rigidity, and complete flexibility, permitting future expansion from any side of the building. The walls can be dismantled in minutes because they are set in rubber frames and are attached to structural steel columns and beams.

The inside temperature variation is kept at less than ten degrees throughout the year without air conditioning, the result of a unique series of oil-fired hot air blowing systems in cold weather and a combination of powered exhaust vents and rooftop sprinklers in hot



More than two million cases of Noxzema chemical and cosmetic products can be stored and handled in the company's new warehouse in Cockeysville, Maryland. The one-story structure features a unique temperature control system which keeps the temperature variation to less than ten degrees throughout the year without air conditioning. The building is designed for easy future expansion.

1962

MARKS

**A CENTURY AND
A QUARTER
OF SERVICE TO PHARMACY**

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YES 125 YEARS OLD

**AND WE'D LIKE TO THANK YOU MR. DRUGGIST
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MUTH BROTHERS & CO.



The new Noxzema warehouse in Cockeysville, Maryland is described as the most modern in the nation for the storage and handling of cosmetic products. Designed by Skidmore, Owings and Merrill of New York and built by Henry A. Knott, Inc. of Baltimore, the one-story structure occupies 85,000 square feet and is set on a completely landscaped 60-acre tract. More than two million cases of Noxzema chemical and cosmetic products, including Cover Girl make-up, Noxzema Skin Cream, Noxzema Skin Lotion and Noxzema medicated shaving products for men can be stored in the building.

weather. More than two million cases of Noxzema chemical and cosmetic products can be stored in the building.

The new warehouse provides easy access to a new high-speed throughway which will permit transportation by truck to all parts of the eastern United States within a 24-hour period. The structure's eight large overhead doors afford rapid receiving and dispatching facilities for nine tractor-trailers which can be accommodated simultaneously. Even when the receiving and dispatching areas are in use, especially designed windbreaks protect the warehoused products against drastic temperature changes.

Products being warehoused in the new building include Cover Girl cosmetics, Noxzema Skin Cream, Noxzema Skin Lotion and Noxzema medicated shaving products for men.

A NEW FORM OF MYSTECLIN-F

A new form of Mysteclin-F — Squibb Phosphate-Potentiated Tetracycline with Amphotericin B (Fungizone)—is now available from the Squibb Division of Olin. The new product is Mysteclin-F Syrup, a mixed fruit-flavored preparation in ready-to-take dosage form, especially suitable for children and elderly or debilitated patients. Mysteclin-F, in its new syrup form,

as well as in capsules and aqueous drops was designed to provide simultaneous antimicrobial therapy and antimicrobial prophylaxis. With the availability of this Squibb product in syrup form, the physician is given an added dosage flexibility unmatched by dry powder broad-spectrum preparations. Mysteclin-F Syrup is supplied ready for use in 8 oz. bottles.

SIMMONS PAYS TRIBUTE TO ASSOCIATION SECRETARIES IN THE DRUG FIELD

Willard Simmons, executive secretary of the N.A.R.D., in the address he delivered at the Midwest Pharmaceutical Conference held recently in Kansas City pointed out that it is anything except easy to be a leader in the drug field, and he paid tribute to the pharmaceutical association secretaries nationwide.

Mr. Simmons is quoted as follows from the speech:

"It is difficult to be a leader in the retail drug field. He is expected to perform miracles, though it is a foregone conclusion that he must have responsive assistance from the people he strives to serve. They must back him with the realization that aggressive teamwork is mandatory in association achievements.

"Many drug store owners seem to think that it is easy to be an association secretary. I know it to be arduous and difficult. He or she must be a leader with reserves of fortitude to endure the nervous reactions of misguided criticism and the conflicts of opinions and notions.

"Moreover, he or she is looked to for individual guidance and advice. The abilities he or she is expected to possess amount to genius, and it is nearly a crime for him or her to be guilty of a mistake in judgment.

"The association secretary must have the courage to make decisions, though one faction or another will be sure to assail him or her.

"It is usual for the association secretary to devote long hours to plans for

YOUR VACATION SPECIAL FOR '62

Plan to attend the

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JUNE 25, 26, 27, 28, 1962

Combine information, education and relaxation in the mountains
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services to members and to studies that must be made before a project is either initiated or discarded. Also, he or she must be learned in the techniques of an effective legislative lobbyist.

"I have now been secretary of the N.A.R.D. about three months, and in that period of time I have undergone experiences that persuade me to voice here today a tribute to the association secretary as such."

Then Mr. Simmons said:

"I wish to add that I solicit help from every association secretary in the drug field. Together with them, in teamwork with the other association officers, I hope to justify the confidence that made me the secretary of the N.A.R.D. Alone I will be unable to attain much of consequence in the office."

MEDICAL RESEARCH AND DEVELOPMENT

The pace of medical research and of the development of concrete life-saving and disease-preventing procedures or agents show no sign of slowing. A remarkably simple oral vaccine for poliomyelitis is on the horizon, a vaccine against influenza is at hand, vaccines against measles and mumps are several years away, chemotherapeutic agents for mental disease are at hand and have led to a significant decline in the proportion of the population requiring full-time care at a state mental hospital. The coordination of medical and social services for the chronically ill can do much to minimize the disability such individuals suffer because of moves that are "too little and too late."

Where is the money to come from for these efforts? Much of the research effort is now financed from federal funds. This would appear proper since the nation as a whole benefits from the knowledge produced through scientific investigation. The financing of personal medical care services, it would seem, should be a responsibility of perhaps

ninety per cent of all individuals. However, this does not necessarily assure that the proper facilities will be available particularly when one thinks of the non-profit nature of most medical facilities. It is increasingly clear that government must play a growing role in providing funds for the construction of necessary medical facilities. It is to be hoped, however, that the costs of operating such institutions can be met largely through individual payments or through payments from insurance funds. One of the great problems in this regard arises from the fact that catastrophic illness is most frequent in elderly persons, who are economically least capable of meeting the cost of such illness either by direct payment or by paying the regular premium of an insurance coverage. A solution which preserves the freely chosen relationship between patient and physician, and the personal dignity of the aged individual, in a context of adequate medical facilities, is one of the pressing needs of the day.

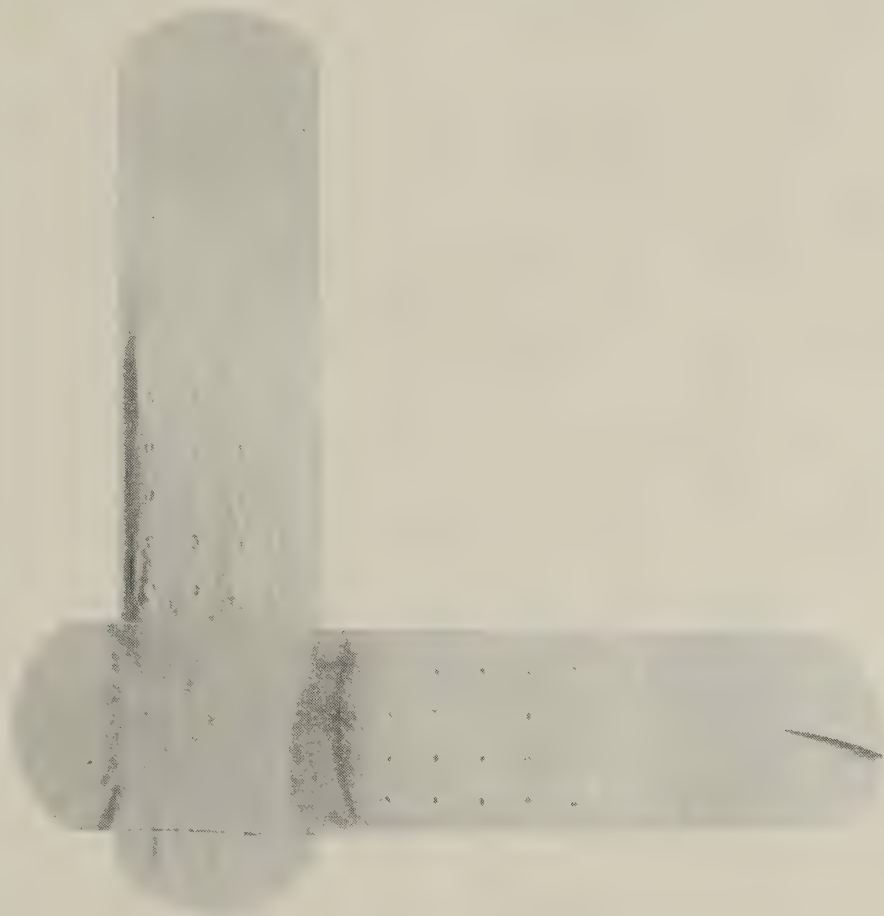
*Reprint from
Baltimore Health News.*

DRUG INDUSTRY NOTES

The 1961 domestic net sales of Johnson & Johnson and its domestic affiliates were up \$22,196,000 over those of 1960, according to preliminary results of operations. Domestic net sales totaled 324,242,000 for 1961 compared with 302,046,347 for 1960, according to General Robert Wood Johnson, Board Chairman of the manufacturer of medical and allied products.

Net domestic earnings for 1961 totaled \$16,593,000 compared with \$15,604,882 for 1960.

Net earnings per share were \$2.77 based on 5,986,770 shares outstanding as of Dec. 31, 1961, compared with \$2.63 for 1960 based on 5,934,034 shares outstanding at 1960 year end.



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H.I.F. REPORTS ON TRENDS IN PNEUMONIA-INFLUENZA

Even though the death rate for pneumonia-influenza has declined more than 80 per cent since 1900, these diseases "still constitute a major public health problem," Health Information Foundation reported today. They took the lives of over 65,000 Americans in 1960, the Foundation said, or about as many as died that year of hypertensive heart disease.

In the January-February issue of its statistical bulletin **Progress in Health Services**, the Foundation outlined recent trends in influenza and pneumonia, showing that "remarkable advances in medicine and in public health have brought the communicable diseases under considerable control." In 1900 the combined influenza-pneumonia group of diseases was the leading cause of death, with a death rate of 202.2 per 100,000 population. By 1960 this group had dropped to sixth place among the leading causes of death and its crude death rate was down to an estimated 36.6 per 100,000.

Nevertheless the surges of influenza-pneumonia in 1957-60 show that the fight against these diseases is "far from won" on this country, the Foundation said.

Early in the century, the bulletin shows, mortality from influenza and pneumonia was high and fluctuated widely. There were 209.5 deaths per 100,000 population from these diseases in 1900; the mortality rate reached a low point of 137.5 in 1914 and rose to 175.5 in 1917.

"Then in 1918 came a world-wide wave of influenza accompanied by secondary pneumonia," the Foundation said. "In this country alone, an estimated 20 million persons contracted the disease and the number of deaths expected was exceeded by more than half a million. The mortality rate for influenza-pneumonia rose to the extraordinary level of 584.5 per 100,000,

almost three and a half times the 1917 figure."

Since then, the Foundation said, the course of influenza has been much less severe and its occurrence less frequent. Between 1918 and 1951 there were about 20 epidemics, many of them relatively mild. The epidemics of 1957-58 and 1960 were more serious, and according to a recent study, resulted in about 86,000 deaths in excess of the number that might have been expected under usual seasonal conditions, the Foundation said.

"Immunization with the influenza vaccine has been reported as 60 to 75 per cent effective," the Foundation reported, and considered research is now aimed at finding a vaccine against pneumonia comparable to the influenza vaccine.

"About 200,000 more people would have died last year had the death rate of the '30s for these diseases still prevailed," George Bugbee, Foundation President, said. "Better use of medical care by the public, however, and particularly the use of antibiotics discovered and made available in the 1940s have curbed much premature death."

According to the National Health Survey, Mr. Bugbee said, respiratory conditions (including the common cold, influenza and pneumonia) were reported by the public to have caused over 700 million days of restricted activity in the 12 months of 1958-59. "Research that may bring further control not only of influenza and pneumonia but of the common cold, deserves high priority in the health field," he said. "Reducing the shocking millions of days of restricted activity is but one small measure of the national gains that such research could bring."

A GOOD ASSOCIATION DOESN'T

"JUST HAPPEN"

ALL THE MEMBERS MUST WORK FOR IT

PROMISE

Promises, we regret to say, are too often loosely given in today's competitive business world. (Can many of the products we see advertised deliver their promises? We doubt it.) Yet the public, eager for easy triumph, seems willing enough to accept them. At the risk of sounding old-fashioned, we at Youngs, continue to put our faith in "our word is our bond." To the consumer, we promise **safety, sensitivity and satisfaction**. To the pharmacist, we promise **product perfection and profit protection**. In all cases, we deliver... and we always will.

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REACTIONS TO CORTICOSTEROIDS

Most of the serious untoward reactions attributed to corticosteroids occur rarely or not at all when they are used properly, according to Dr. Abraham Cohen of Philadelphia (Pa.) General Hospital.

Speaking before the Annual Meeting of the New Jersey Academy of General Practice here today, Dr. Cohen cites his experience with 93 patients treated continuously with corticosteroids for six to ten years. He asks that doctors put aside "the outmoded beliefs of ten years ago that the untoward reactions to steroids are many and dangerous."

Although conceding that certain of the older steroids occasionally produce undesirable effects, Dr. Cohen writes that "their significance and incidence were greatly overstated, resulting in an exaggerated impression of the risk involved with the use of these hormones. In addition, with the development of the newer analogues, prednisone, prednisolone, dexamethasone and, more recently, betamethasone, most of these reactions have been eliminated or greatly reduced in incidence."

Indicative of the "profound effect" of the synthetic corticosteroids on the treatment of rheumatoid arthritis is the sharp reduction in the rate of admissions for this disease at Philadelphia General Hospital, Dr. Cohen stated. The present rate is less than one sixth of that recorded during the pre-steroid days. Dr. Cohen points out that "in those cases in which patients are hospitalized, there is a significant saving in hospital days, since most arthritics today are admitted for corrective physical therapy only, rather than for diagnosis and prolonged hospital treatment. Although arthritis clinics continue to be well attended and there has been no decrease in the incidence of this disease, patients hospitalized for chronic rheumatoid arthritis are rare."

Dr. Cohen recommends that the physician who plans to use long-term corticosteroid therapy become thoroughly

familiar with the possible side reactions and the ways to avoid them, which generally consist of giving the lowest daily dosage consistent with a reasonable therapeutic goal. "With this knowledge he should not allow unwarranted fears to deter him from administering long-term steroid therapy to those patients truly requiring such a regimen," he added.

"Of the steroids currently available to us," Dr. Cohen continued, "we prefer prednisone, prednisolone, dexamethasone or betamethasone, because these newer analogues of cortisone or hydrocortisone provide increased potency without a proportionate rise in side effects.

"Our preliminary observations in 234 patients studied over the past eighteen months indicate that the therapeutic ratio, that is the therapeutic effectiveness/side effect ratio, is particularly favorable with betamethasone. This steroid appears to elicit the desired response at exceptionally low dosages and, at least to date, it has shown a low incidence of side effects.

"With the exception of osteoporosis and possible adrenal depression," Dr. Cohen reported, "there is little to fear from the use of prednisone, prednisolone, dexamethasone or betamethasone in the treatment of rheumatoid arthritis. If the choice between adrenal depression and osteoporosis on the one side and permanent invalidism on the other is ours to make, we shall accept the former without reservations," he continued.

BODIN NAMED DRUG STANDARDS LABORATORY DIRECTOR

Dr. Jerome I. Bodin has been appointed Director of the Drug Standards Laboratory of the A.Ph.A. Foundation, it was announced today by Dr. Howard C. Newton, President of the American Pharmaceutical Association Foundation. Dr. Bodin, who currently holds the position of Research Analyst in the Pharmaceutical Research and Develop-

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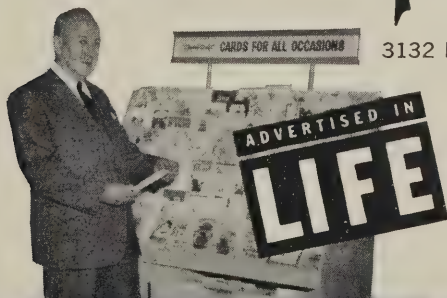
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ment Department of Chas. Pfizer & Co., Inc., will assume his new duties January 1, 1962.

The Drug Standards Laboratory is located in the American Institute of Pharmacy building in Washington, D.C., and was established under the A.Ph.A. Foundation earlier this year to provide auxiliary laboratory services to the National Formulary and the United States Pharmacopeia. It is being financed jointly by the American Medical Association, the A.Ph.A. and the U.S.P.

DRUG REACTIONS MAY REFLECT DISSAPPOINTMENT OF PATIENTS

The annoying side effects some patients suffer while taking drugs often may be a passive way of telling the doctor they are disappointed in his treatment.

Dr. Karl Rickels, assistant professor of psychiatry at the University of Pennsylvania, told a medical meeting that such "side reactions" often occur even when the patient has been given a placebo. The psychiatrist spoke at the Sixth Hahnemann Symposium on Psychosomatic Medicine.

In a paper on the clinical use of the tranquilizer meprobamate, Doctor Rickels observed that a few anxious and tense patients whose insomnia was not relieved by the tranquilizer complained of daytime drowsiness which they attributed to the drug. By contrast, a larger number of patients whose sleep was improved by meprobamate, mentioned no drowsiness at all, he said.

"We feel," Doctor Rickels continued, "that these 'side reactions' such as dizziness, drowsiness, headaches, etc., represent a passive way of expressing disappointment about treatment to the doctor."

Patients also express their dissatisfaction by refusing to visit their physician a second time, Doctor Rickels noted, as shown in two studies conducted with tense, anxious and mildly

depressed patients. In these tests, he said, three to five times as many patients receiving a placebo compared to patients on meprobamate therapy dropped out of treatment after the first visit.

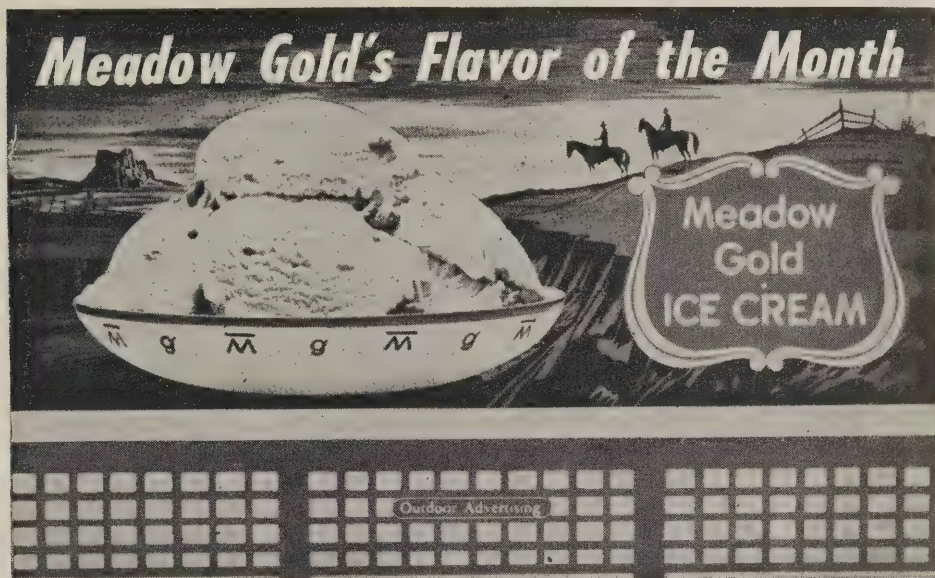
"As one can see," Doctor Rickels added, "number of drop-outs corresponds with clinical efficiency as demonstrated in improvement ratings."

Physicians observed a significantly higher rate of improvement of symptoms of anxiety, depression, irritability, headaches and insomnia with meprobamate as compared to placebos. Furthermore, Doctor Rickels added, "when the patient was asked which drug he preferred, in both studies meprobamate was given as first choice . . ."

In another paper, Dr. Tibor Bodi, assistant chief of the clinical pharmacology section, Hahnemann Medical School and Hospital, reported "highly gratifying" results in 36 out of 44 patients treated with a tranquilizer, amphenidone, for anxiety and other related psychosomatic disorders. However, Dr. Bodi noted, the drug has been reported to cause an abnormal depression in the number of white cells in the blood and has been withdrawn from general use by physicians.

The new drug, benzindopyrine, Dr. Bodi said, has been shown to exert a "calmative" effect in anxious and tense patients without causing undue sleepiness. Effective in about two-thirds of the patients treated, the new drug is chemically related to serotonin, a naturally-occurring chemical in the human body.

Dr. Peter Siegler of the Department of Medicine, Hahnemann Medical School and Hospital, reported that the tranquilizer and muscle relaxant chloromezanone had shown good results in studies involving some 130 patients with psychosomatic disorders. The therapeutic effects of this drug, Dr. Siegler stated, seem due primarily to its tranquilizing properties.



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Strategically located all over town featuring the "Flavor of The Month", month after month for a full year!



Tie-in with this great promotion! Feature the MEADOW GOLD "Flavor of The Month" and CASH-IN with bigger sales!

Tell them you saw it in "The Maryland Pharmacist"

**A NEW SYSTEM FOR SAMPLING DRUGS
ANNOUNCED BY DEAN L. BURDICK
ASSOCIATES, INC.**

Dean L. Burdick, President of Dean L. Burdick Associates, Inc., has announced the development of a new system for drug sampling and the formation of a new organization called "PRE:SCRIPTS, INC." to operate this new sampling procedure for the pharmaceutical industry. The PRE:SCRIPT system provides an alternate channel for sample distribution and is said to eliminate or minimize many of the problems now encountered with current sampling methods. A regional "practice run" involving 1,500 physicians in self-contained marketing areas is planned with several participating pharmaceutical firms before expanding the PRE:SCRIPT system to an operation of national scope.

Basically, this new sampling tech-

nique involves the substitution of a certificate called a PRE:SCRIPT for the usual drug sample. The PRE:SCRIPT is validated by the physician and given to a patient who can redeem it at a pharmacy for a sample of the drug specified.

The pharmacist will then exchange the validated PRE:SCRIPT for a negotiable coupon (SCRIP) which he can use when dealing with either the manufacturer or the wholesaler.

Several advantages are claimed for the PRE:SCRIPT method. The PRE:SCRIPT certificate has no inherent value unless it is validated by a physician and actually exchanged for a sample. "It might be said that a PRE:SCRIPT is not a sample until a doctor says it is," commented Mr. Burdick. It is felt that the economic gain to the industry will be significant since companies will pay for samples only when they are actually used as samples.

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Diversion of samples into "repackaging houses" can be virtually eliminated by the use of multiple validation mechanisms and other safeguards that have been developed.

Cited physician benefits include the elimination of the problem of storing, destroying, or giving away of large numbers of samples. Additionally, patients will receive fresh pharmacy stock rather than stored samples that may be of dubious vintage.

Pharmacist benefits are said to include direct profit for the first time from the sample transaction, as well as assured refill business after processing the customer's original PRE:SCRIPT. Further, the PRE:SCRIPT transaction increases total store traffic and the pharmacist's other lines are expected to benefit directly.

Mr. Burdick also stated that he envisions some important marketing gains from the PRE:SCRIPT approach since it will provide data on the use of samples which have not been available previously. To this end, the PRE:SCRIPT system has been developed in conjunction with the IBM Corporation and will utilize IBM cards for analysis of redeemed PRE:SCRIPTS.

Mr. Burdick concluded by saying that the PRE:SCRIPT procedure was developed after much study by the newly-formed Research and Development Division of Dean L. Burdick Associates. This new R & D Division will function, Mr. Burdick said, as a 'laboratory' for pharmaceutical marketing and will provide the industry with a facility for applying research and development methodology to marketing problems.



We'll Be Helping Ourselves By Cooperating With Him 100%!

NOW YOU CAN SERVE HOT IN-FRA-RED TOASTED SANDWICHES WITHOUT EQUIPMENT OR LABOR COST!



A NEW NATIONAL SERVICE, Stewart In-Fra-Red, Inc., will provide you with a Stewart In-Fra-Red cookery and fresh cellophane wrapped sandwiches delivered regularly to your store. Placed in the cookery, the sandwiches are toasted in three minutes by modern efficient in-fra-red cooking. You serve the sandwiches to your customers sanitarily wrapped in cellophane.

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THE NEW IDEA . . . originated by Stewart In-Fra-Red, Inc., . . . is in over 15,000 fountain and food service concerns in cities from coast to coast. Every Stewart In-Fra-Red Commissary is an established local business. You may consult your Chamber of Commerce, Dun and Bradstreet, and Better Business Bureau.

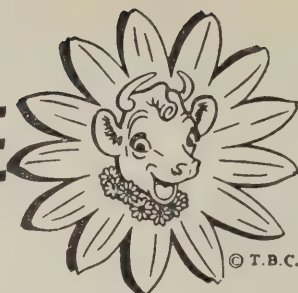
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LUTREXIN has been used successfully for the past eight years in thousands of cases of dysmenorrhea, premature labor and threatened and habitual abortion.

Recent animal and laboratory experiments by Bryant¹ demonstrate the almost complete blocking by LUTREXIN of the contracting action of Pitressin and oxytocin on uterine muscle. This complements the bio-assay technique of Krantz, Bryant and Carr², which demonstrates how LUTREXIN completely relaxes uterine contractions.

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1. Bryant, H. H.: to be published.

2. Krantz, J. C.; Bryant, H. H. and Carr, C. J.; *Surg., Gyn. & Obst.*, 90: 372-375, 1950.



*in vivo measurement
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NATIONAL PHARMACY WEEK WINDOW DISPLAY

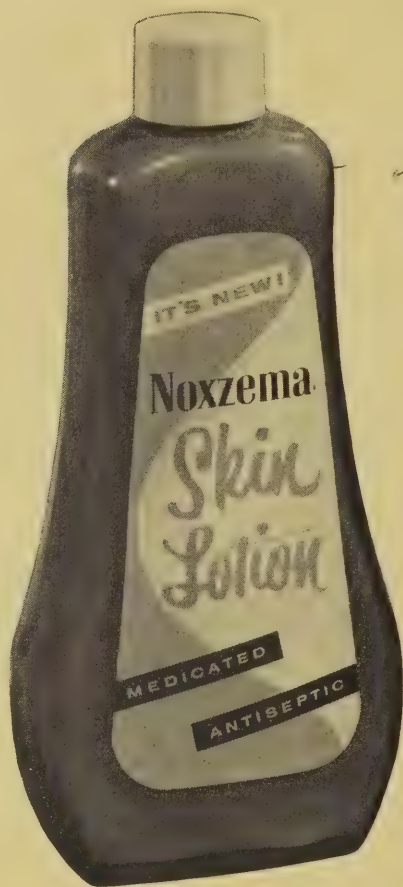


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FIRST PRIZE AWARD — MARYLAND PHARMACEUTICAL ASSOCIATION
SECOND NATIONAL PRIZE — AMERICAN PHARMACEUTICAL ASSOCIATION

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What the Survival of Small Businesses Means to Every Community	page 460
Text of the Humphrey-Capehart "Quality Stabilization Act" (S. J. Res. 159)	page 494

Noxzema's Great New Skin Lotion



★ 6 oz. bottle, retail price 89c. A fast growing companion to America's best known skin cream. Stock now for Fall Profits.

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**"What's this
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to Specific
Therapy'?"**



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prescription
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*B complex and C vitamin tablet. His basic message describes
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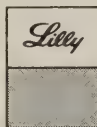
*By establishing Becotin-T as a part of total therapy,
your Lillyman not only is creating new vitamin
business, but he also is helping to sell vitamins where vitamins
rightfully should be sold . . . in a pharmacy.*

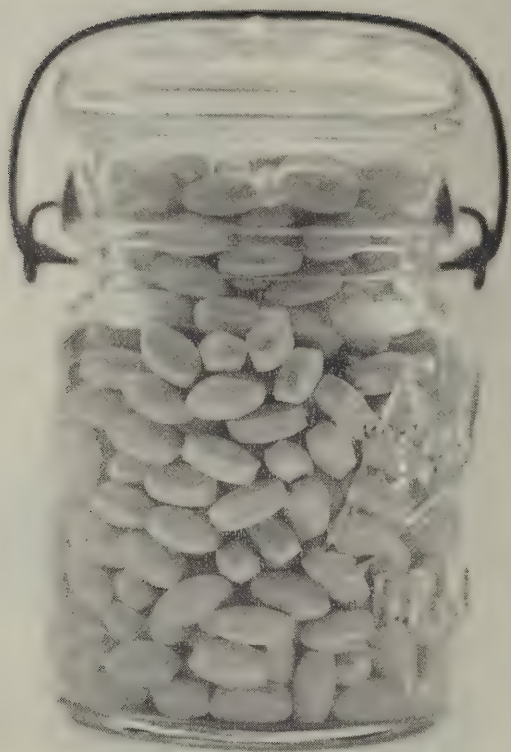
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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

VOLUME XXXVII

FEBRUARY, 1962

No. 5

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... Editorial ...

FAIR TRADE—A BATTLE THAT CAN BE WON

There is now only one bill in Congress devoted to fair competitive practices and stabilization of quality—The N.A.R.D. and the Quality Brands Associates of America have joined forces on a new bill written with the personal guidance of and introduced by Senators Hubert H. Humphrey of Minnesota and Homer E. Capehart of Indiana. The initial sponsors of the measure in the House are Representatives R. J. Madden of Indiana, Oren Harris of Arkansas and Peter F. Mack of Illinois. Now the task for us in the drug field is to direct the strongest possible support to the new bill (S.J. Res. 159 in the Senate and H.J. Res. 636 in the House).

When Senator Humphrey introduced the bill, he explained its key provisions to the Senate as follows:

"Whenever a trademark or brand name owner discovers his products being used by a distributor in any scheme involving (a) misrepresentation, (b) bait merchandising, or (c) sales at other than the established price, he may revoke the offending distributor's right to use his mark or brand in reselling the goods. In addition, the trademark or brand name owner is entitled to injunctive relief, if the offending distributor disregards the notice of revocation and continues the challenged sales practices."

The complete text is printed in this issue for your information. In addition, a great deal of this issue is devoted to giving you the background required to understand and discuss Fair Trade in telligently.

As Cecil A. Stewart, Executive Vice President of the California Pharmaceutical Association, has said: "If you

don't want Fair Trade, if you don't believe it is for the protection of the public—your business—and the manufacturers, if you don't believe the small manufacturer has a right to survive in this time of unfair competition, if you don't believe that Fair Trade prevents monopoly and is good for the economy of our nation — THEN you probably won't do anything to support the new Quality Stabilization Bill. You will leave the work to someone else because you are not concerned about the future of your business or the right of others to protect their trademarks and brand name.

"But remember, how would you feel if you were a small manufacturer starting out with just a few good products for which there is public demand and you were forced out of business due to a reduction in the sales outlets for your products because of unfair competition?

"Fair trade gives the new—small manufacturer a chance to survive. If you and your business friends don't believe in Fair Trade and don't support Fair Trade—then perhaps there is no place in our American economy today for the right of survival of small business—manufacturers—retailers."

PASSAGE OF A NEW FAIR TRADE
BILL BY THIS SESSION OF CON-
GRESS DEPENDS ON YOU!

**JOIN YOUR
ASSOCIATION
LOCAL, STATE, NATIONAL**

**"IN UNITY THERE IS
STRENGTH."**



BAYER ASPIRIN is the most widely used brand of medicinal preparation in the world. If the BAYER ASPIRIN tablets sold only in the United States during 1960 were placed side by side, they would circle the earth nearly twice!

Latest reports from America's leading and largest research organization show that in unit sales—meaning turnover—BAYER ASPIRIN

continues to be the *largest selling analgesic* . . . outselling its nearest competitor by 30%! And in addition, BAYER ASPIRIN today is the *fastest growing pain reliever* on the market.

Remember BAYER ASPIRIN is the No. 1 Drug Turnover Item. So give it your No. 1 Display Space and get your full share of sales on "fastest growing" BAYER ASPIRIN.

PRESIDENT'S MESSAGE

Dear Fellow Pharmacist:

The success of our Association is based on many factors. It depends on the support of every member and upon the work of the officers, committeemen and the association secretary.

But often we take the support of friendly manufacturers, wholesalers and distributors for granted. It is necessary for us to give greater consideration to those whose policies are favorable to pharmacy.

On the other hand, we must keep other manufacturers and distributors informed as to our attitude when they adopt policies which undermine the professional and economic foundations of our professions.

We should let manufacturers know our reaction when new products are introduced exclusively through pharmacies and are helped to receive public acceptance by being displayed and recommended in pharmacies and then, when volume sales are reached, a new company division is launched to sell the new product through grocery or other non-professional channels.

At this time membership expansion is imperative. The Maryland Pharmaceutical Association is proud of the fact that its membership represents a great part of the pharmacists in the State of Maryland. However, the strength of the organization requires 100% membership. Is your neighboring colleague, the pharmacist who perhaps calls upon you for assistance and cooperation, also a member? Remember you help to subsidize his share of the operation of the pharmacists' state-wide society—the Maryland Pharmaceutical Association.

In addition, check with the pharmacists associated with you in your pharmacy or in wholesaling, manufacturing or other activity. Tell them how necessary it is for all pharmacists to join the organization that is working in their professional and economic interest.

There are many firms that you patronize—are their owners, executives and representatives affiliate or associate members? In the majority of cases, after a word from you, they will become association members and supporters.

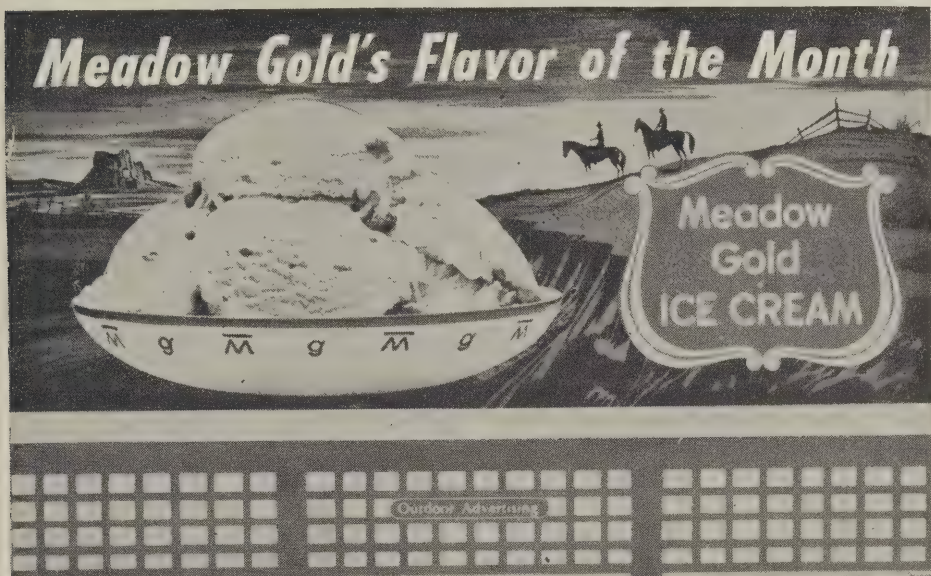
It is not too early for me to emphasize that all members should mark their calendars now for the M.P.A. Convention in June 25th-28th at Galen Hall.

Right now there are two prime duties for all pharmacists and the allied drug industry: (1) Make sure YOU are a DUES PAID MEMBER and (2) Make sure you contacted your Congressman and Senators to support the new Fair Trade Bill.

If we all work for pharmacy, we will have a better profession.

Sincerely,

NORMAN J. LEVIN
President



**Now! The Greatest Outdoor Advertising
Campaign in MEADOW GOLD History!**

50 BILLBOARDS

**Strategically located all over town
featuring the "Flavor of The Month",
month after month for a full year!**



***Tie-in with this great promotion!
Feature the MEADOW GOLD "Flavor of
The Month" and CASH-IN with bigger sales!***

Tell them you saw it in "The Maryland Pharmacist"

Secretary's Script . . .

A Message from the Executive Secretary

YOU CAN MAKE NATIONAL FAIR TRADE A REALITY

As your "public servant," there is nothing else to say today, but that we—all of us—must thrust everything aside for one cause right now.

Push away all differences of personal interest, personal prejudice and personalities and let's put 100% of our efforts behind the efforts to help small business in America.

National Fair Trade can be a reality in 1962.

The new "Quality Stabilization and Fair Competitive Practices Act" (S.J. 159 and H. J.R. 636) has been introduced in Congress.

Committee hearings will be held shortly.

This issue of THE MARYLAND PHARMACIST is devoted primarily to this matter.

If you want Fair Trade, don't delay—the information you need is in this issue—**ACT TODAY.**

Write, wire, visit your Senators and Congressmen.

SENATORS—

John Marshall Butler

J. Glenn Beall

CONGRESSMEN—

1st District—Thomas F. Johnson

2nd District—Daniel B. Brewster

3rd District—Edward A. Garmatz

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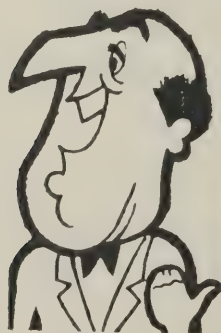
6th District—Chas. McC. Mathias, Jr.

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Sincerely,

Nathan D. Gray

Executive Secretary

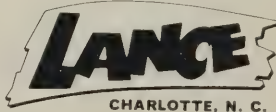


"HEY JOE!
they cleaned us out again"




That Lance man stops here every week, but no matter how much stock he leaves, it just doesn't seem to be enough. Folks really go for those tasty Lance snacks.

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Tell them you saw it in "The Maryland Pharmacist"



*my
husband*
leaves
home
6 days
a week*

**Loewy men
are on the job
serving
pharmacists
6 days a week*

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**The TIP...TOBACCO and TASTE
your customers want...in the
new, smart, small cigar!**

- Flexible TIP on each cigar—for cool, comfortable smoking enjoyment!
- TOBACCOS...carefully chosen, carefully blended for air-light smoking pleasure!
- A TASTE that's smooth and satisfying every time!

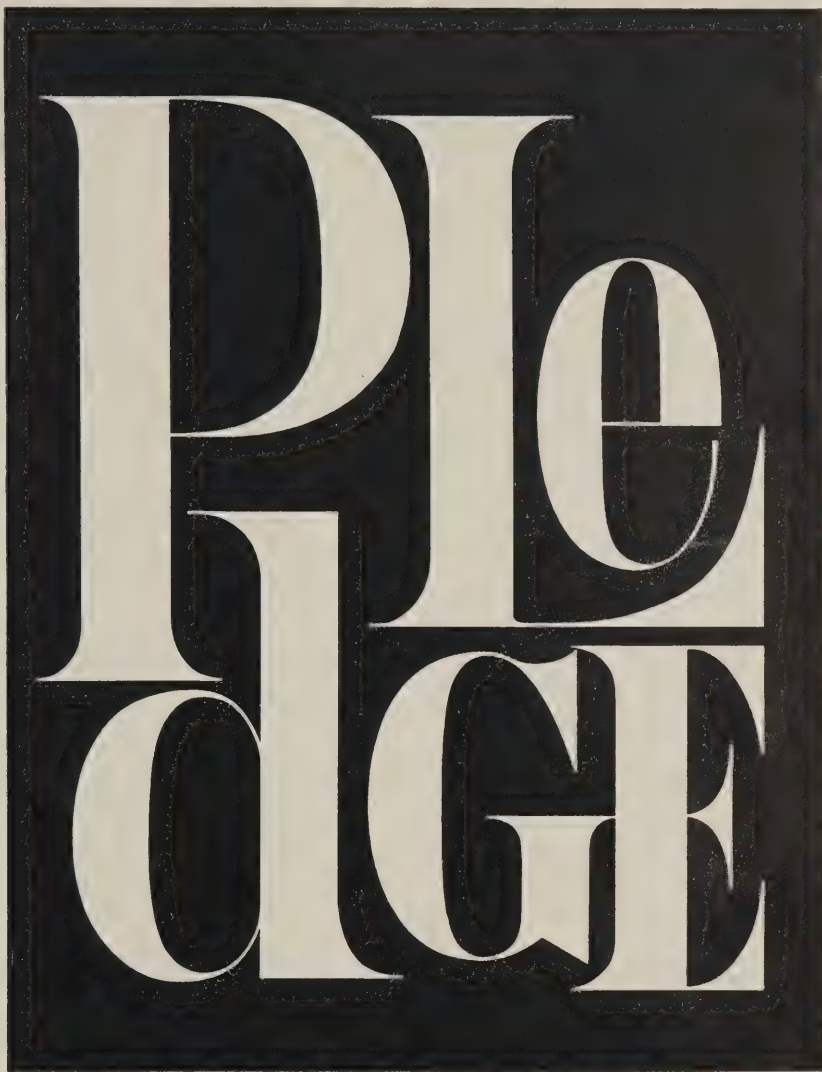
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It's the light cigar THAT KEEPS a cool head!

Daniel Loughran Company, Inc.

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Although we have never held up our right hand and sworn aloud, this **pledge** remains as firm as ever: "We sell our products **only through drugstores.**" Nothing (including a thirty million dollar lawsuit) has ever swayed us from this policy. Nothing will. **YOUNGS RUBBER CORPORATION.**



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"WHAT THE SURVIVAL OF SMALL BUSINESSES MEANS TO EVERY COMMUNITY"

The Quality Stabilization and Fair Competition Practices Act was introduced in the Senate and is known as S.J. Res. 159 and in the House as H.J. Res. 636.

We are devoting most of this issue of the Journal to a problem that seriously concerns all of us, as to whether the small independent businessman can survive the ruthless competition we are now facing. We hope this material will help you to better understand fair competitive practice and to discuss it more intelligently with your customers as well as your representatives in Congress and also the Legislature.

It is very important that you immediately contact the non-drug retailers in your neighborhood and have them write or wire their representatives in Congress.

The new act introduced in Congress is cited as the Quality Stabilization and Fair Competitive Practices Acts S.J.R. 159 and H.J.R. 636.

The support of fair competitive practices by the public means the survival of the small retailers, who are so essential to the progress and general welfare of every community.

Small business, which comprises a very large segment of our economy, needs help. They are struggling for their very existence, and whether or not they survive will depend entirely upon the realization by the public that the many services the small fellow on every corner renders to his customers year in and year out can only be continued if the independent retail merchant is able to earn no more than a reasonable profit on the products he sells.

Large mail order houses for example, have many thousands of their own private brands, which have full price protection, but the small independent

dealer cannot afford private brands for all classes of merchandise, and is therefore dependent upon brand name merchandise which he carries in stock. It stands to reason that if the independent retailer's right to earn a legitimate profit on the trade-marked products is destroyed by ruthless cut throat competition, then his right to survive is also destroyed.

Fair Competition

The principle of Fair Competition is based upon the necessity of preventing predatory price cutters at the retail level from selling a trade-mark commodity at a cut rate or loss leader price and thus damage the trade-mark and good will of the producer.

Basically and simply the Quality Stabilization Act will permit (not mandatory) the manufacturer of a branded or trade mark commodity which is in free and open competition with other similar commodities to protect the property value which lies in his name or brand from the destructive price cutting practice of certain distributors. If we agree that it is the right of every American citizen to own and protect his property, then it is only fair to say we must go along with the principle of Fair Competition.

S.J. Res. 159 Promotes Competition

This Act promotes competition based on service, quality and honest merchandising which is conducive to the maintenance of independent merchants, distributors and manufacturers in their respective endeavors on the basis of equal opportunity. It enables the small man to earn a decent and legitimate profit thus placing him in the position of meeting his required tax assessments and other obligations promptly to the City and State. This not only promotes the state's economic stability and welfare, but also enables

1962

MARKS

**A CENTURY AND
A QUARTER
OF SERVICE TO PHARMACY**

Maryland's Longest Established

Full Line Service Wholesaler

YES 125 YEARS OLD

**AND WE'D LIKE TO THANK YOU MR. DRUGGIST
FOR YOUR CONTINUED CONFIDENCE AND SUPPORT**

MUTH BROTHERS & CO.

the individual states to properly and efficiently maintain its governmental functions in behalf and for the public good of the people of the state.

Purpose Of The Quality Stabilization and Fair Competitive Practices Act

S. J. Res. 159 enacted would assure that retailers do not take advantage of their customers and competitors by unfair or deceptive practices. This Act is designed to prevent retailers from luring customers away from their competitors by advertising highly desirable merchandise at low prices and making up the difference by raising prices on other products. It would prevent large outlets from taking a loss in one area until the small competitors are eliminated while making up a loss in another area. It would tend to discourage the practice of misleading customers by advertising a highly desirable product at a cut price and their being out of the product or "switching" the customer after he enters the store.

All of these practices are a burden to our economic system and in the long run, help no one.

The Fair Competitive Act S. J. Res. 159 not only protects the manufacturer of a trademark product; it would not only give the wholesaler and retailer a legitimate profit to which they are rightfully entitled, but most of all enables the consumer to get the highest quality product at a price set by the competitive market.

Under S.J. Res. 159 the prices would be the lowest at which an honest retailer can sell and make sufficient profit to stay in business.

Like the Sherman Act and the Federal Trade Commission Act it is just another means of trying to guarantee a fair competitive system to our citizens.

It would bring products to the mass market at the lowest possible economic price.

It serves the public interest by protecting the consumer and the small

retailer against unfair selling practices.

It protects the reputation and good will of the manufacturer who owns the trade mark-product.

The basic philosophy of this Act and their consumer purposes have been, (in the 1936 old Dearborn decision) unanimously upheld by the United States Supreme Court. This means that so far as the federal constitution is concerned, it would be consistent with its principles and demands.

Would S.J. Res. 159 Protect The Inefficient? What Would The Enactment Of S.J. Res. 159 Represent?

No—it does not. All that it would do is to give the small fellow an opportunity to earn a livelihood, but it does not guarantee him a living. It only gives him a chance to compete with his large competitors on a more equal basis. If he does not carry out the necessities of retail distribution, such as being courteous to his customers, giving his customers first class service, conducting a well kept store with saleable and clean merchandise, etc., S.J. Res. 159 alone cannot have him and he will soon fall by the wayside.

What Does Fair Trade Represent?

It represents a great social decision. It is not just a matter of dollars and cents economics. It also concerns the lives and hopes and aspirations of millions of people. It is unquestionably bound up with social values relative to the kind of community we live in—to whether the horizon of opportunity our democracy offers is to be narrow or broad. These are the large social issues involved in the preservation of Fair Competitive Practice. These must be made crystal clear, for the American public if it understands the facts, will not knowingly act against the interest of small business. And when we talk about small business we mean the very large majority that have only a few employees.

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Fair Play By The Small Retailer

The small retail outlet on the corner in every neighborhood, whether it be a pharmacy (drug store), grocery, hardware, etc. always aim to give the customers real value, but his competitor, the high pressure price cutter, by means of misleading advertising and other "gimmicks", play upon the natural weakness of many consumers by making the customer believe he or she is getting a bargain. It is true that if the customer insists upon the item advertised at a bargain price and will not under any circumstances be switched, then the customer is getting a bargain, but on purchases across the board, the price cutter is reimbursed many times over for the price concession he does out on "loss leaders".

What the public seldom realizes is that large retailers waging price wars can afford profitless prices only if the "loss leader" is recouped elsewhere on inferior, unidentified merchandise. Manufacturers also suffer because "loss leaders" drive out of business smaller competition. Profitless prices become established prices, outlets are narrowed and there are fewer markets for the consumers.

Experiences of many manufacturers bear out the fact that "loss leader" sales result in less public confidence and less respect for the product.

Small Businesses Need Help

Small independent businesses simply are not equipped to survive the low blows of unfair competitors using "loss leaders" as bait to lure customers, such as the discount boys and other price cutters are accustomed to doing, and thus switching customers to non-branded highly profitable items.

Even some responsible industrialists are openly asserting that the "end of competition and the birth of an era of corporate socialism is close at hand unless small business is given prompt and effective help". As one industrialist

remarked before the Senate Small Business Committee, that if our economic system is to continue, we must have smaller businesses developing, otherwise competition will be entirely eliminated in the next 5 to 10 years, and we will end up with one or possibly two large companies in each of the major fields. The small fellow is gradually being forced out of business, because of the unfair advantages which large corporations have taken under our present economy.

The welfare of small businesses should be a matter of deep public concern, and the State Legislatures and Congress have the right to enact legislation, such as the Quality Stabilization and Fair Competitive Practice Act to protect small businesses from ruinous economic welfare.

Trade marked products are essential to the small retailer and he cannot hope to sell such products at a reasonable profit unless manufacturers of such products are permitted to establish minimum resale prices, if they so desire. The consumer must be made to realize that he gets no more than what he pays for, and in many instances less, especially through devious methods employed by the discounters, sub-standard or inferior merchandise to the consumer through deceptive techniques.

Small Business

One of the country's most outstanding business analysts, Sylvia Porter said:

"The small businessman is the heart and backbone of our economic system. If he dies, private enterprise dies."

The small businessman has been getting a terrible kicking around from financially powerful retailers who systematically use famous trade-marked products as cut price bait for customers. If the small businessman cannot sell these products at a profit he cannot

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stay in business. If enacted S.J. Res-159 would prevent this type of unfair competition.

We believe that representatives of consumers and labor would agree with the United States Select Senate Committee on Small Business when it said:

"The nation's economic well being depends to a large extent on the vitality of America's small businesses. Threats of price wars must be eliminated if that vitality is to endure."

The committee in its 11th annual report says:—

"To say that the 1960's may be the decade of decision for small businessmen is merely to state that the free enterprise system is on trial for its life. In all segments of the economy, the increasing concentration of market place power in the hands of very large business units is the awesome challenge which small business must meet. Since the alternative is extinction, every public and private resource available should be brought to bear on the urgent necessity of preserving small independent business concerns as the basic vitalizing force of our traditional form of capitalism."

Private Brands

These are brands owned by retailers, department stores, super markets, chains, discount houses and sold only in their own stores. The best estimate we have been able to obtain from authoritative trade sources is that private brands account for between 10 billion and 20 billion of annual retail sales in the United States. Sales Management Magazine (July 1958) provides these illuminating figures—Sears Roebuck volume 3 billion—600 million in 1957—98% private brands; Montgomery Ward volume 1 billion—80% private brands. In other words, Sears 44 private brands accounted for 3.5 billions of sales in 1957. Just think, this one giant retail-

er's private brands enjoyed a larger sales volume in 1957 than that of all the prescriptions, plus all the packaged medication sold in all types of outlets in the United States. The volume of prescriptions and packaged medication was 3.2 billion according to Drug Trade News (July 28, 1958).

How can the small fellow, without private brands, compete against such competition?

There Is No Profitless Prosperity

We might as well face reality. There can be no such thing as profitless prosperity. Neither can distribution be fair and equitable to distributors and honest with consumers if forced to operate on a predatory basis. S.J. Res. 159 is not only essential to the survival of the average retail distributor, but would be vital to the soundness of the economy as a whole.

The consumer is often misled and deceived when price cutting begins. One common practice of the price cutter is to advertise a cut price on a well known brand, sell only a limited number of this brand and then attempt to switch the customers to a little known, high profit brand. The customer attracted by the apparent opportunity to buy her favorite product at a saving, will often have another product switched upon her which provides the cut rate store an exceedingly high profit. You can rest assured that only a sophisticated and determined consumer finds it easy to cope with the high pressure selling tactics of the sales people in such stores.

Consumer Has A Free Choice

The consumer can buy an article that is trade marked or one that has no trade mark. In these circumstances, the price which the millions of consumers are willing to pay definitely determines the price at which the particular article can be and is sold. The answer is very simple as to why the consumer has such a free choice. S.J. Res. 159 would specifically provide that a trade mark



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product cannot be placed under its provisions unless it is in free and open competition with products of a similar class produced by others. Further, the law states that a manufacturer may protect the property value of his trade mark if he chooses, but he does not have to do so. In other words it is strictly voluntary on the part of the manufacturer and not mandatory.

Loss Leaders

The United States Supreme Court in the Old Dearborn Case (1936) and also subsequent Supreme Courts have said that selling of selected goods as a loss leader in order to lure customers into the store is deemed not only a destructive means of competition, but it also plays on the gullibility of customers by leading them to expect what generally is not true, namely that a store which offers such an amazing bargain is full of other such bargains.

Price Wars

Is the public being benefited by these wars? If Mr. and Mrs. consumer would buy only those items that are advertised at cost or even below cost, then they would be the winner. But it would mean that those cut raters selling at such prices would soon be forced out of business because it is an economic fallacy to say that one can sell merchandise at cost and remain in business. These fellows are not altruistic, as it is evident that the price cutter must subsidize the bait items due to the tremendous profits obtained from non Trademark merchandise.

Justice Oliver Wendell Holmes, one of the most brilliant justices ever to sit on the United States Supreme Court said:

"I cannot believe that in the long run the public will profit by this Court permitting knaves to cut reasonable prices for some ulterior purpose of their own and thus to

impair if not destroy the production and sale of articles the public should be able to get."

This principle was recently pointed out by the court when it said:

"Since the owner of a trademark has a continuing and protectible interest in the property of trademarked goods owned by another, he has a right, in the protection of his interest, to imposed condition upon the resale of that property.

The Following Is Another Form Of Fair Competitive Practices To Protect The Trade Mark

Trade mark owners who sell on consignment set the retail price which dealers must charge for their brands. Newspapers and magazines which are distributed by this method alone account for one billion in annual retail sales.

Exclusive Franchises

Trade mark owners with exclusive franchise arrangements or selective distribution, account for a large volume of sales. Many manufacturers, for example, will sell their branded goods to only selected retailers in a community and will continue to sell them only if the retailers respect the suggested retail prices.

Forward Integration

A very large volume of sales is accounted for by manufacturers who sell their own brands through their own retail outlets. In the shoe industry, for example, forward integration accounts for a significant portion of total United States shoe sales.

Labor Should Support Fair Trade

Surely the hierarchy of labor must admit that one of the staunchest supporters and loyal friends of labor in the United States Senate is Senator Hubert Humphrey of Minnesota, who is an

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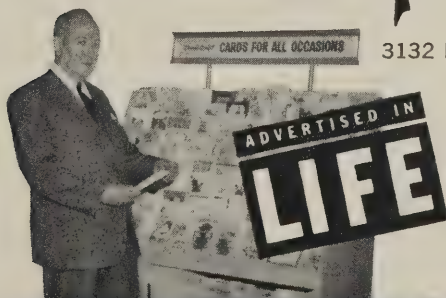


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ardent supporter of Fair Competitive Practices in the market place. It is somewhat puzzling to the Senator from Minnesota as to why some labor leaders were opposed to Fair Trade, which prevents the ruthless price cutter from using branded advertised products as bait in order to switch the customer to unknown highly profitable items. It might be of interest to quote Senator Humphrey as to his feelings in the matter.

"I have said to my friends in organized labor, that organized labor ought to be for Fair Trade and I tell them so—you want time and a half for over-time. You want a 40 hour week. You want the seniority system. You want a Union shop. You want all these things and I think you have a right to have them. But, if you want them for yourself you had better be interested in other people having some code of professional conduct, of business conduct of fair play for themselves."

Senator Humphrey who always fought for fair play for the small independents by being an ardent supporter of Fair Trade for many years is co-sponsor of S.J. Res. 159.

The small neighborhood store owner also says to labor that if its members want to continue to receive the many services which the small neighborhood store renders to the working men of the nation, as well as their families, especially when the economic picture is precarious and money is really tight, then it ought to be willing at all times to see that the small business man receives a fair return for his labors.

If the small fellow is to be financially and economically sound, if he is expected to render adequate and prompt service to his customers, then he must earn a fair profit on the merchandise he sells. S.J. Res. 159, we feel sure will bring order out of chaos in the market place, and unfair competition such as

destructive price cutting, can only increase the alarming mortality rate of small businesses.

The Right Of A Retailer To Sell At Any Price He Chooses

One of the chief criticisms of S.J. Res. 159 will be when a retailer purchases a product from the manufacturer or wholesaler he should be permitted to sell at any price he so desires.

In the Old Dearborn Case, the United States Supreme Court said:

"Appellant acquired the commodity in question with full knowledge of their existing restrictions in respect to price which the producer and wholesale dealer had imposed and of course with the presumptive, if not actual knowledge of the law which authorized the restriction. We are here not dealing with the commodity alone said the High Court but with a commodity plus the brand or trade mark which it bears as evidence of its origin and of the quality of the commodity for which the brand or trade mark stands. Appellants own the commodity, they do not own the mark or the good will that the mark symbolizes. And good will is property in a very real sense, injury to which, like injury to any other species of property, is a proper subject for legislation. Good will is a very valuable contributing aid to business-sometimes the most valuable contributing asset of the producer or distributor of commodities and distinctive trade marks, labels and brands are legitimate aids to the creation or enlargement of good will."

It is well settled that the proprietor of the good will is entitled to protection as against one who attempts to deprive him of the benefits resulting from the same by using his labels and trade mark without his consent and authority.

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PHARMACY'S CHALLENGE

by Frank Block

Pharmacy is facing its greatest challenge, and its survival depends on decisions which would probably be opposed most vehemently by contemporary pharmacists themselves.

It seems ironic that a profession so steeped in the history of medicine should find itself so near its end with the beginning of a new horizon in the age of miracle and wonder drugs.

There seems to be a feeling of apathy and frustration and certainly confusion as to the position of pharmacy in the area of Health Services. These aspects are not completely shared by the trade journals. Business is better than ever—pharmacists are earning more money. The drug industry until the recent investigation showed tremendous growth in the stock market—so why are pharmacists so alarmed? It would do good to do some soul searching of the past and take an objective look into the future in order to ascertain whether there is hope or despair for the status of pharmacy.

Let us examine the component parts that make up the profession of pharmacy in the following sequence: the pharmacist; the physical operation ("the drug store or pharmacy"); the drug industry; and evaluate their contributors.

To qualify as a pharmacist it is necessary to have completed high school; a pre-pharmacy course; receive a degree in pharmacy from a recognized accredited college; serve an internship; then stand tests for licensure. This is right and proper, because all safeguards should be maintained in order to serve the public with their health needs. The pharmacy schools recognize their obligation to the calling and have set up a comprehensive and rigid curriculum to

enable their graduates to cope with the complexities of new drug therapy.

This well trained pharmacist is turned loose to practice his art in a HODGE PODGE called a pharmacy or drug store. These are pharmacies only by virtue of fact that within its domain there is an R Department. There is a preponderance of space stocked with hardware, houseware, garden supplies, canaries, parakeets, brassieres, house dresses, furniture, groceries, etc. The expansion of a drug store into the super class makes it imperative that all areas be stocked with fast moving merchandise regardless of category in order to be successful economically. This type of operation is really a department store, which competes with all trades. The image this type of drug enterprise presents to the public is not conducive to its claim as a profession. It cannot justify its claim for restrictive legislation and at the same time compete with the grocer, the hardware man, the clothier, etc., who in turn are invading the sanctity of the R Department. The practice of pharmacy is a privilege and a duty to serve the public with its health needs in an atmosphere commensurate with the calling. It is difficult to deny the reasoning that if a super drug store can operate successfully financially then why can't a super grocery or super any other type store include an R department and operate successfully, there being no difference in atmosphere. Thus we are faced with the dilemma of having a highly qualified pharmacist, whose duties are clearly spelled out in law practicing in an area which is *unrestricted* and *not defined*. There being no clear cut definition of what constitutes a pharmacy. It is my firm opinion that if pharmacy is to survive with professional status that there must be a limitation as to area and a control of products suitable and



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acceptable for promoting the health and welfare of the community it serves. The real problem is not whether the pharmacist is a professional man, but is the pharmacy professional. I have no illusions regarding so called pure professional type stores, except that it is my opinion that a pharmacy can be defined to encompass all the health and welfare needs.

The drug industry will have to shoulder a great deal of the responsibility for down grading and minimizing the necessity for pharmaceutical services. The so called ethical manufacturer filled with greed for a share of the lucrative dollar of the proprietary market are exposing the R department by creating the impression that R items are just commodities. The relationship of pharmacist and physician has been jeopardized by the manufacturer, by making the profit angle the most important part of the detail and expounding on the fact that all the pharmacist does is count out pills or pour from one bottle to another. There is an area of inconsistency when a miracle or wonder drug is exploited to the physician, but becomes a mere commodity in the R department where it loses its glamour.

The tendency for ethical manufacturers to incorporate a proprietary outlet is increasing; and the sole purpose is to occupy both sides of the fence. In fact, it is so difficult to separate the two in their fields of operation that we must treat them collectively as one industry.

The method of advertising employed for the promotion of products of time has little regard for the public health and welfare. This has its impact on both the practice of medicine and pharmacy and without question is a great disservice to an ailing public, by holding out false hopes and delaying proper treatment by inferences through the media of advertising. The techniques employed are so effective that even the intelligent are swayed by the "Doctor"

on television with all his substantiating gadgets utilizing a pitch that would make the old medicine quack appear to be professional by comparison. This makes the pharmacist a purveyor of nostrums in an age of miracle and wonder drugs. So long as the pharmacist is in the position of being beholden to these forces he cannot perform in the best interest of the public he serves.

If a profession is defined as a dedicatory service to mankind, with remuneration for services a natural sequence and not of prime importance, then pharmacy must take an objective look at the present and a long range view into the future to attain this status.

It will do little good to complain bitterly that pharmacy is constantly overlooked and not considered as a primary force in programs for health and welfare. Pharmacy must qualify as a field in which pharmaceutical practices are evolved with dignity and respect. Servicing the community with its health needs is certainly his heritage. The pharmacist has it within his power and right to alter the course if he has the will and desire to do so, since no pharmacy can operate without him.

Pharmacy must stand on its feet with reason and purpose and develop its own policy for the best interest of the public.

These views will not be loudly acclaimed by the pharmacists now operating these types of drug stores and it is not the intent to punish them or use punitive means of destroying their business. The purpose is to put into motion the thinking that would perhaps in a decade bring about the fulfillment of pharmacy's position in the field of public health and welfare.

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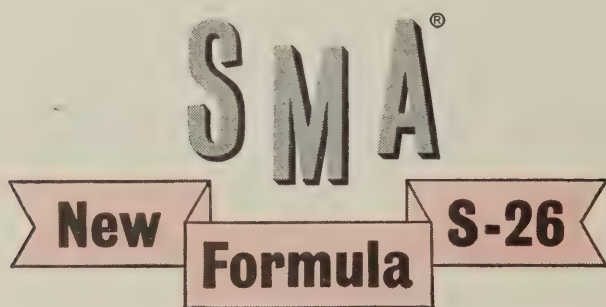
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by B. F. Allen*

This special class of compounds continues to find considerable use and importance in the compounding and manufacture of various types of pharmaceuticals and allied products. In recent years, these materials have received much attention because they possess many desirable properties such as good lubricity, heat stability, hydrolysis and deterioration resistance. They are also effective solubilizing agents and are generally considered to have a low order of toxicity as well as a wide range of compatibilities.

Chemically the polyethylene glycols^a may be described as the condensation polymers of ethylene oxide and water, represented by the generalized formula $\text{HOCH}/2(\text{CH}/2\text{OCH}/2)_n\text{CH}/2\text{OH}$ where "n" increases in value with an increase in the molecular weight of the polymer. By varying the number of ethylene oxide ($\text{CH}/2\text{OCH}/2$) molecules in the chain, a series of liquid and solid compounds is obtained. These and similar products have also been referred to in commerce as polyoxyethylene, polyalkylene, or polyoxyalkylene glycols, as well as just polyglycols.

Polyethylene glycols are differentiated in nomenclature by adding a number which represents the average molecular weight. As an example, polyethylene

glycol 400 has an average molecular weight of about 400 corresponding to a value of "n" for this particular polymer of approximately 8 to 10. Also, polymers have been produced in which the value of "n" runs into the hundreds.^b

U.S.P.^c specifications for polyethylene glycols 400 and 4000 and N.F. specifications for polyethylene glycols 300 and 1540 establish the official position of these materials in pharmaceutical preparations.^d

As previously stated, products in this series are designated by a number which roughly represents the average molecular weight. However, according to the information appearing in the N.F., polyethylene glycol 1540 has an average molecular weight of 1450.^e It has also been stated in the literature that polyethylene glycol 1500 is a blend of equal parts of PEG 300 and 1540.

In this fascinating "numbers" game of modern chemistry, molecules and molecular weights can be shuffled around like cards into almost endless combinations. One successful manufacturer has capitalized on this and has made available 12 polyethylene glycols ranging from clear, colorless, viscous liquids; through the consistency of pastes, to that of wax-like hard solids. Another manufacturer states that combinations of these products can be made to give intermediate average molecular weights, and additional polyethylene glycols having higher molecular weights than those listed can be produced as required.

A liquid polyethylene glycol is often suggested as a replacement for glycerin and resembles it somewhat in appearance. Also for comparative purposes, polyethylene glycol 1500 is said to have the consistency of petrolatum, 1540 is similar to beeswax in consistency, 4000 resembles paraffin in appearance and texture, and 20,000 is a hard wax-like substance.

*Associate Professor of Pharmacy, University of Maryland

^a sometimes abbreviated PEG or "PG's"

^b polyethylene glycol 20M

^c general chemical formula listed as $\text{H}(\text{OCH}/2\text{CH}/2)_n\text{OH}$

^d Polyethylene Glycol Ointment, U.S.P. contains PEG 400 and 4000

Nitrofurazone Solution, N.F. contains PEG 300 and 1540

Nitrofurazone Ointment, N.F. contains PEG 300, 1540 and 4000

^e A product by this number is commercially available

The polyethylene glycols are water-soluble^f and strongly hydrophilic. They are weak emulsifiers of the oil-in-water type, but may be used to stabilize oil-in-water emulsions that already contain a primary emulsifying agent. This effect is achieved largely by an increase they produce in the viscosity of the aqueous phase.

The versatility of these compounds is aptly exemplified by the suggested uses which include: lotions, creams; vehicles for: antibiotics, dentrifice active agents, antihistamines, antiseptics, fungicides, anesthetics, peroxides and sulfa drugs; lubricant for suppositories, and as an extender in cold hair waving solutions.

In a recent report it has been stated that a drug's therapeutic efficacy may be affected by variations in pharmaceutical formulation.^g A similar important statement has been made about the polyethylene glycols which are widely used to formulate ointments, suppositories and cosmetic bases. When these polyethylene glycol, water-soluble bases are substituted for customary bases it may be possible to reduce the proportion of the active ingredients. Where an excess of the active ingredients might be harmful, it is important to do so. The absorption, activity or toxicity of the same proportion of active ingredients may be greater in these bases than in customary bases.

^f increase in molecular weight of the PEG results in a slightly decreased solubility in water

^g this has often been emphasized in the present controversy of generic vs. brand name drugs

^h Formula:

U.S.P. XVI	
Benzoic acid	6. Gm.
Salicylic acid	3. Gm.
PEG Ointment, q.s.	100. Gm.
N.F. IX	
Benzoic acid	12. Gm.
Salicylic acid	6. Gm.
Wool fat	5. Gm.
White petrolatum, q.s.	100. Gm.

^j "Carbowax" tradename of Carbide and Carbon Chemicals Co., New York, N.Y.

A practical example of the aforementioned statement is illustrated in a comparison of the current formulation for Whitfield's Ointment, U.S.P. to the one which appeared in N.F. IX. The present ointment differs both in strength and in base from that which was formerly official.^h

Also, it has been stated, that when the PEG's are substituted for customary bases the final product may be a "new drug" within the meaning of the Federal Food, Drug and Cosmetic Act and similar State Laws. The compounder is responsible for complying with the provisions of Federal and State laws relating to "new drugs" and for determining that the final product is safe for the purpose intended.

Since the polyethylene glycols of various mean molecular weights are widely used in a variety of pharmaceuticals, the chronic oral toxicology of one particular brand^j has been studied on numerous occasions. The results obtained support the view that the PEG's may be considered inert when taken by mouth. Also, a compound with a mean molecular weight of 6000 is less toxic by mouth than those of lower molecular weights. In addition, new chronic oral toxicity studies in animals confirm some previous observations that polyethylene glycols produced commercially since 1941 are much less toxic than some early samples which were reported upon. These compounds have also been extensively investigated as vehicles for intramuscular and subcutaneous injections, and research indicates that low viscosity members of this PEG family may be used interchangeably with propylene glycol as intramuscular injection vehicles.

In tablet formulation, the more solid type of PEG's are used in the manufacture of press-coated tablets as well as non-caloric coatings (as a replacement for sugar).

The perennial problem of a stable liquid aspirin preparation has been

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YOUR TOWN

DATE JUNE 8 1960

No. W518083

37

QTY	DESCRIPTION	UNIT	PRICE	AMOUNT
6 EA	BIO U-1403 POLIO	Box	434	2604
6 EA	BIO U-404 ENTORAL	Box	78	468
1500	PULV 111 AMYTAL 800Z	Box	525	7875
1	ENS 2 AMM CHLORIDE	Box	3060	3060
1100	PULV 375 CLOSONE	Box	123	1353
630	FEOSOL SPANSULES CANS	Box	255	1605
320X	QOSA TETRACYN ORAL	Box	179	5728
3 EA	CANUTE WATER 30X	Box	90	270
35LB	BORAZ POWD USP	Box	95	3325
12 EA	N.T.X. 20CC N627	Box	72	864
12 EA	N.T.X. 10X N-628	Box	433	5196
12 EA	ALKA-SELTZER 255	Box	289	3468
12 EA	COLG LATHER SHAVE LGE	Box	651	7812
12 EA	COLG T. PASTE FAMILY	Box	60	720
12 EA	CUTICURA OINT 13/40X	Box	49	588
12 EA	TUMS CARRIER PACK	Box	15	180
3CTN	BAYERS ASPIRIN 125	Box	113	339
72 EA	BAYERS CHILD ASPIRIN 48	Box	25	1800
48 EA	BAYERS ASPIRIN 245	Box	39	1872
48 EA	BAYERS ASPIRIN 505	Box	67	3216
24 EA	BAYERS ASPIRIN 1005	Box	123	2952
24 EA	BAYERS TABS 1005	Box	83	1992
36 EA	BUFFERIN 60S	Box	62	2232

Thank you - we appreciate your business

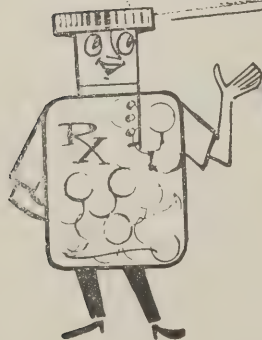
BALTIMORE DOVER NORFOLK WASHINGTON

CLERKS FOR SHORTAGES MUST BE MADE WITHIN SIX DAYS

23

NC = No Charge
C = Carry Forward Listed
D = Direct To You
S = Shall We Try To Obtain Do Not Stock

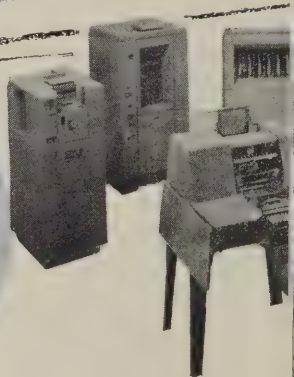
B = Bill Later
T = Temporarily Out Please Reorder
R = Back Ordered Will Follow
M = Manufacture Discontinued

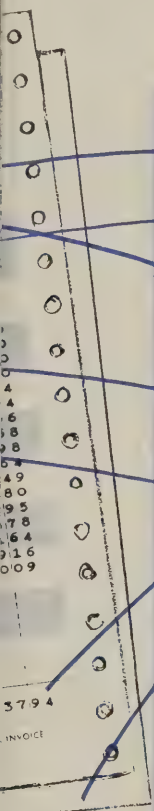


"HENRY B."

says:

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- Shows total number of lines.
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- Discounts show in dollars and cents — not in percentages.
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- Duplicate invoice attached — simplifies record-keeping, even when original is returned to manufacturer for quantity rebate.

THIS INVOICE is enclosed with the merchandise delivered—no waiting.



GILPIN'S

modern concept
of drug distribution

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UNIVAC

to save you time,
trouble and
money!

Henry B. **GILPIN** *Company*

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eased somewhat by polyethylene glycol 400. The decomposition of aspirin in a formulation^k containing this "newer" pharmaceutical solvent is reported to be a little more than 20 per cent in 5 weeks at room temperature, and considerably less when refrigerated. It was the intent of the investigators to make a solution that the pharmacist can compound extemporaneously and that undergoes a minimal amount of decomposition during the average life of a compounded prescription, which should not be more than a month.

There are many other widespread uses for the polyethylene glycols, some of which are illustrated by the following U.S. Patents: (1) a suitable carrier for water-soluble chlorophyll and salts of fatty acids in therapeutic compositions, (2) oxidized cellulose is mixed with polymerized ethylene glycols in hemostatic compositions, (3) polyethylene glycol having a molecular weight of not less than about 4000 was used in a powdered mixture capable of forming a hydrophilic pharmaceutical extending medium upon the addition of water, (4) shaped medicinal products, (5) medicated suppositories and uses therefor, (6) polyethylene glycols of mole-

cular weights ranging from 800 to 1250 were used in aqueous solutions of vitamins, and (7) a polyethylene glycol having molecular weight between 200 and 10,000 was used as a bodying agent to produce and maintain a viscosity of 1000-25,000 centipoises in an ophthalmological preparation.

An interesting hormone-like composition consisting of small amounts of 1-thyroxine and estrone, 50 parts by weight of polyethylene glycol 300, and other components to form the topical vehicle has been recently "invented" for use in the treatment of skin disturbances.^m

Although some manufacturers may still consider their use of special ingredients in formulations as a top secret, the following commercially available products have been reported as containing a polyethylene glycol or a mixture of these compounds.

BUBARTAL¹ (inj)
 BUTABARPAL¹ (inj)
 CALTHENAMINE (oint)
 DALYDE (liq)
 DEPO-MEDROL² (inj)
 DEPO-PROVERA² (inj)
 EMKO (foam)
 ERYTHROCIN-I.M. (inj)
 FURACIN (liq, oint)
 FURADANTIN³ (inj)
 HYDROLAMINS⁴ (oint)
 MOLOFAC⁵ (cap)
 NEO-CORTEF² (inj)
 PARENZYME-B⁶ (tab)
 REVAC⁷ (suppos)
 RUBRAFER⁸ (vet. inj)
 SALINIDOL⁹ (oint)
 SALUNDEK (oint)
 SANDRIL¹⁰ (inj)
 SECONAL¹¹ (inj)
 SERPASIL¹² (inj)
 TERRAMYCIN (suppos)
 TOPICORT⁴ (aerosol)
 TRICOFURON (suppos)
 TRON-OTO¹³ (liq)
 VACUALL (suppos)
 VACUETT (suppos)
 XYLOCAINE¹⁴ (oint)

^k Aspirin Elixir:

Aspirin	2.5
Sucaryl	3.5
Soluble orange	0.25
Alcohol	20.
Purified water	15.
PEG 400, q.s.	100.

^m British patent

¹ contains 40% PEG 400

² contains 30 mg/cc PEG 4000

³ PEG 300

⁴ PEG 1500

⁵ PEG 400

⁶ PEG 4000

⁷ contains 50% PEG 300

⁸ PEG 200 and 4000

⁹ contains 95% Carbowax (type not indicated)

¹⁰ contains 30% PEG 200

¹¹ contains 50% PEG 600

¹² contains 10% PEG 300

¹³ contains 10% PEG (type not indicated)

¹⁴ PEG 1500 and 4000

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ICE CREAM Brought Him in ...

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Carrying Out!



It happens all the time. A customer sees your Sealtest sign. Comes in. Buys a pint or half-gallon of Sealtest Ice Cream — then, notices and buys all sorts of other things.

This happens because people *look* for Sealtest. They prefer the quality. They remember local and national advertising. And, they just have to try the latest *special* flavor.

It can happen for *you*, too — the way Sealtest Ice Cream builds traffic and boosts profits . . . for many departments. So, sell and display Sealtest for fountain and carry-out customers. You'll find that it's good business in *many* ways.

* * * * *

And be sure to Feature this Special Flavor
Choo-Choo Chocolate Marshmallow
for your Fountain and Take-Home Customers!



• T. A. M. P. A. TATTLER •

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John M. Albert
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Herman Bloom
Frederick H. Plate
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MARYLAND PHARMACIST COMMITTEE

Ken Whitehead, Chairman
Marty Rochlin

Wilson Spilker, Board Advisor
George Brandt

Volume 20

FEBRUARY, 1962

No. 4

Killing two birds with one stone, your friendly TAMPA TATTLER will cover in this report both the Annual Oyster Roast and the Annual Past Presidents Day Meetings.

January 27th marked TAMPA's Annual Oyster Roast held at the Knights of Columbus Hall. It was indeed a most pleasurable affair, devoted entirely to the lighter aspects of life. Judging from the turnout, (some 114 members) it was obvious TAMPA members and their guests had looked forward to this occasion for some time. Members dined on an appetizer of raw oysters, followed by oyster fritters, etc., which in turn was supplemented by beef stew and sauerkraut.

Of course, many of the same old gang were there doing the same old things. Seen harmonizing in a corner were Bernie Ulman, Dick McKale, Joe Muth, John Muth Read, Pierre Muth and a couple of outsiders.

We also noted quite a few people playing cards. Card sharks included Wilson Spilker, Lou Brockman, Ed Fayneburg, Dr. Leon Taddler, Noris Busick and Buck Nean.

In closing the report on this meeting, we have one last thought. How

many name cards did Ed Kabernagle wind up with on the back of his coat and how long was it before he noted that members were slapping his back for a reason other than friendship?

Moving on to the most recent meeting and one of a much more serious nature, we come to the Annual Past Presidents' Day Meeting, held this year at Gaskin's Steak House on Route 40.

Although the business meeting in itself was relatively short, it is worthwhile to cover the report given by The Emory G. Helm Memorial Fund Committee. This committee reported that it had voted to set aside \$100.00 to be used in the future by the Pine Street Station. This had been done inasmuch as the balance on hand will meet the Station's immediate needs.

The Emory G. Helm Committee also indicated it was in favor of granting to the Spring Grove State Hospital, Women's Auxiliary, the sum of \$250.00 for a music system which will be placed in the patients' canteen. It was further reported that a plaque would be put up identifying the music system as a gift of The Emory G. Helm Memorial Fund.

The Committee also announced the elimination of all fund raising activi-

ties on its part during the year, with the exception of a 50-50 to be awarded at the Annual Convention. 2500 tickets have been secured and can be purchased for 50c each. This is certainly a worthwhile effort and we urge all members to purchase as many tickets as possible.

Following the business meeting, the Program Committee set about honoring those men who, in the past, have served TAMPA in its highest office. It is indeed quite a distinction and, on behalf of all members, we were indeed happy to honor these dedicated men who worked so hard to further TAMPA as an organization. To be the one man chosen from the entire group to serve as a president is an achievement that comes once in a lifetime to a few men, more than once to even fewer and not all to the majority.

The actual program, as presented by the Program Committee, was most unusual and very interesting. The theme for the program was patterned after that segment of the Gary Moore Program known as "That Wonderful Year".

Fourteen past presidents were present and, consequently, honored. This group included 1927—C. Armstrong; 1932—K. Love; 1936—Abe Leatherman; 1937—Henry Goldscheider; 1938—N. Busick; 1945—L. Rockman; 1948—H. A. Zears; 1948—J. Crozier; 1954—Joe Hugg; 1955—B. Ulman, Jr.; 1956—L. Rorapough; 1957—G. Teass; 1958—J. Muth; 1960—R. R. Crane.

In addition, those presidents who have since passed on were honored by a moment of silence.

In closing, we would like to remind you of the following calendar of events. day, May 5th, will be the "Ladies Day" Luncheon meeting. Frank Hemmessy will be the guest speaker. Meeting place has yet to be announced. This will be the pre-convention meeting.

Thursday, August 16th, marks the Annual Crab Feast, which will be held once again at the Bay Ridge Beach.

Robins

FEBRUARY CHECK LIST

Tear out for a handy check of
your current stock of these
Robins products that are receiving
special promotion in your area
February 12—March 23

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☐ Tab. 100's ☐ Tab. 500's

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☐ Tab. 50's ☐ Tab. 500's

Robaxin® Injectable

☐ Amp. 10 cc. 5's ☐ Amp. 10 cc. 25's

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☐ Tab. 100's ☐ Tab. 500's

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☐ Tab. 100's ☐ Tab. 500's

Dimetane® Expectorant

☐ 16 oz. ☐ Gal.

Dimetane® Expectorant-DC

☐ 16 oz. ☐ Gal.

Donnagel®

☐ 6 oz.

Donnagel®-PG

☐ 6 oz.

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☐ 6 oz. with Neomycin

Why not check your stock of
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Baltimore Metropolitan Pharmaceutical Association

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Secretary Emeritus—MELVILLE STRASBURGER

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DONALD O. FEDDER
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MYER STOLER
A. FRANK TURNER
JEROME A. STIFFMAN
JOSEPH L. OKRASINSKI
FRANCIS S. BALASSONE, Ex-Officio

PRESIDENT'S MESSAGE

BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

Dear Fellow Pharmacists:

So far 1962 has been a year of great support from the membership in all Association projects. We had a very successful installation dinner meeting in January and in February we had an excellent meeting.

I would like to express our appreciation to both the Schering Corporation and to Mr. Frank Udoff of Northwestern National Life Insurance Company for their assistance in providing an excellent program.

The highlight of March is the Annual Banquet and then in April we will have a meeting at the Medical and Chirurgical Faculty of Maryland, 1211 Cathedral Street. Dr. Paul F. Guerin will speak on "Hospital Encroachment on the Private Practice of Medicine." There will be a tour of the newly renovated headquarters of the Medical Society and refreshments will follow.

It is not only important for B.M.P.A. members to attend their meetings and actively work for their Association, but also to try to support the important work of the state association. B.M.P.A. members have always been in the forefront of Maryland Pharmaceutical Association activities.

I would like to suggest, therefore, that our members mark their calendars for the Annual Convention of the Maryland Pharmaceutical Association. This year the event will take place at Galen Hall, Wernersville, Pennsylvania, June 25, 26, 27 and 28. Let's have a real B.M.P.A. turnout—plan a few days vacation of leisure and opportunity for pharmaceutical advancement. An informed pharmacist makes a better B.M.P.A. member.

In conclusion, I would like to add my plea to all those you have heard. Make sure you and your friends write to your Senators and Congressman telling them that the Quality Stabilization Bill, S.J. Res. 159, is important to the survival of small business in America.

Sincerely,

JEROME J. CERMAK
President

SPOTLIGHT PRODUCT OF THE MONTH

Royal Crown Cola

Featured in all BMPA Stores

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Dial 123 Live Radio

"Over 55 Years Service To Baltimore Druggists"

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Jones Enamelware
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TOPS with ice cream . . . TOPS in ice cream cones . . . you and your customers will "go" for Flavor-ized Flare-TOPS. If your regular wholesaler can't supply you, write or phone:

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-: NEWS ITEMS :-

INDUSTRY TO AID PUBLIC UNDERSTANDING OF PRESCRIPTION DRUGS

A group of leading prescription drug manufacturing companies has started what it hopes will become an industry-wide program using paid advertising to improve public understanding of the industry.

The five companies are Ciba Pharmaceutical Company, Summit, N.J.; Lederle Laboratories, Pearl River, N.Y.; Merck Sharp & Dohme, West Point, Pa.; Smith Kline & French Laboratories, Philadelphia, Pa.; and The Upjohn Company, Kalamazoo, Michigan. All are members of the Pharmaceutical Manufacturers Association.

In its initial stage, the campaign will concentrate upon full-page or double-spread advertisements in national consumer magazines, starting in May. The ads will illustrate, in human terms, the value of prescription drug research and the contribution of the prescription drug industry to our national life and health.

The firms initiating this campaign envision for the future an even broader, more thorough information effort, with support from throughout the industry. Conceivably the advertising could ultimately come under the auspices of the Pharmaceutical Manufacturers Association, which has been conducting the public relations program of the industry.

SOCIAL SECURITY TAXES HAVE GONE UP BEGINNING JANUARY 1, 1962

The Internal Revenue reminds employers of one or more persons that the Social Security taxes payable both by employers and employees have increased as of January 1, 1962.

The employers tax and the employees tax under the Federal Insurance Contributions Act will each increase from 3% to 3½%.

Employers will be required to withhold employee tax at the rate of 3½% from wages paid after December 31, 1961 regardless of when the wages were earned. The employer tax under the Federal Unemployment Tax Act will increase from 3.1% to 3.5%. This is the Federal Unemployment Tax which is due for any calendar year from any employer who has four or more employees on at least one day of each twenty calendar weeks in the year. The increase also applies to wages paid after December 31, 1961 regardless of when the wages were earned.

The Social Security Tax due from self-employed individuals on their income from self-employment increased from 4.5% to 4.7% for taxable years beginning after December 31, 1961.

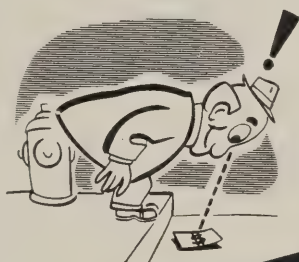
LAMPA NEWS

With the arrival of Spring, LAMPA members can look forward to attending three important events in as many months.

A L.A.M.P.A. affair will take place Tuesday, May 1st, at 12:30 P.M. This will be LAMPA's annual luncheon—a social affair which has grown each year in popularity and attendance.

Our luncheon will be held at the Suburban Country Club, located at Park Heights and Slade Avenues, and easily accessible by car or bus. An extremely interesting and entertaining program is being arranged for this affair by Chairman Ruth Levin and her committee. We believe you and your guests will thoroughly enjoy the presentation. Complete details will follow at a later date.

The second of our scheduled events is the grand-daddy of them all: THE CONVENTION. This year, once again, we will convene at Galen Hall, near Reading, Pennsylvania, from Monday,



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**TOP COMMISSION
UP TO 50%**

**AVERAGE EARNINGS
More than \$1,000 a year**

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USE THE COMPANY THAT HELPS YOU THE MOST

June 25th through Thursday, June 28th. During this week, LAMPA's annual meeting and election of officers will be held.

We understand Galen Hall has undergone a face-lifting and a new wing added to provide more guest rooms. The fine golf course and beautiful swimming pool, fed by cold mountain streams, are two of the chief attractions at this vacation resort.

And there you have it. Three affairs we know you won't want to miss. So, circle the dates on your calendar . . . tie a string around your finger . . . write yourself a memo . . . use any preferred gimmick to help keep these special functions in mind and plan now to attend them all. LAMPA's President and other officers will be on hand to extend a warm welcome to you and your guests.

Fran Rosenfeld,
Publicity

PROFESSIONALISM AND SERVICE KEYS TO SURVIVAL

High standards of professionalism and service — to both customers and physicians — are the key to the pharmacist's survival in this era of innovation and bigness, Elmer B. Vliet, Abbott Laboratories Board Chairman, said.

"In an economy as fluid and free-wheeling as ours, with its constant stream of growth and innovation, many small drug stores will, undoubtedly, disappear gradually from the scene in most metropolitan areas," Mr. Vliet told the Winter Conference of the Michigan Academy of Pharmacy.

But, he pointed out, other retailers have had to face similar situations. They were threatened by chain store competition in a way that resembles today's threat to the pharmacist by the discounter.

"Nevertheless, a retail pharmacy or a neighborhood druggist who is alert and specializes in performing a professional service for the patient and his physician will not be forced under so

long as his clients believe their needs are being well met and that they can not conveniently do better elsewhere."

Some innovations will make it easier for the neighborhood pharmacist to devote more of his time to professional service, Mr. Vliet said. Automated dispensing of drugs will free the pharmacist of some of his routine chores and leave him more time for such activities as liaison with physicians, which is of growing importance as the range of new drugs increases in potency and specificity.

"In our diverse economy more and more emphasis is put upon efficiency, trained skills, lower costs, wider markets and better earnings," he said.

The manufacturer and the pharmacist — as well as other members of the health professions — must contribute to the realization of these aims in the health care field if freedom from extended government control is to be maintained, Mr. Vliet told the pharmacists.

"The great hope of pharmacy lies in the constant advancement of its professional status," he said.

"Somehow the lay public must learn that the pharmacist is a key figure wherever drugs are formulated, distributed or dispensed — that he is important in drug research and manufacture, in bringing knowledge of new drugs and techniques to other healing professions and supervising the dispensing of drugs whether that is done in the hospital, the professional apothecary, the village drug store or in the chain store or discount center.

"We Americans must be diligent that our government does not usurp functions that can be done better by the professions and under private enterprise.

"We as a people will resist such moves so long as we believe this is true. Pharmacists and all others associated in health work who have faith that they are serving society well must somehow transmit that faith to all citizens."



Quick Stop — Quick Profit

When folks "on the go" stop for a "coke" or a "cup of joe", you boost the unit sale with a package of Austin's. And Austin quality brings 'em back again . . . brings you more profits, faster!

Austin's®

Peanut Butter Sandwiches
Cookies & Snack Varieties



Austin's
Box 1936
Balto. 3, Md.

"QUALITY STABILIZATION ACT"**S.J. Res. 159**

Whereas it is recognized that, in the chain of distribution of products so identified, there may be encountered resellers having predatory interests and committing, in the resale of such products, unfair or deceptive acts or practices (such as, but not limited to, store-traffic baiting, and misrepresentation as to the size, capacity, quality, condition, model, or age of the goods), all tending to destroy unfairly the value to its owner, to smaller resellers, and to the public, of the brand, name, or trademark, and tending to disable and destroy competition, thus to create monopoly of retail distribution, contrary to public interest; and

Whereas the above-recited deceptive acts and practices and unfair methods of competition tend to diminish the volume of such identified products moving in commerce by adversely affecting the demand for such goods, thereby impairing the producer's ability, and reducing his incentive, to maintain and increase, with relation to price, the value of such goods to the public, or to maintain and increase opportunities for employment, or pay rates for labor, in his factory; and

Whereas substitutions of inferior labor and materials forced by the downward spiral of unrestrained predatory pricing on popular identified products, in the fields of foods, drugs, and beverages, endanger public health and, in other fields, endanger public safety; and

Whereas it is recognized that unless fair competitive practices can be maintained in all appropriate stages in the distribution of such identified products, the marketing of such identified products is depressed and the quality thereof tends to deteriorate; and

Whereas the distinguishing brand, name, or trademark of a product, and trade and public goodwill associated

therewith, constitute property, the rights to which are entitled to protection by the owner thereof despite transfer of the product itself; and

Whereas, in order to remove the above-recited obstructions to commerce, and to remove the quality-deteriorating and value-diluting pressures resulting therefrom, in the manufacture and resale of products bearing distinguishing brands, names, or trademarks, it is found and declared that it is in the public interest to define, confirm, and implement said property rights: Therefore, be it

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That (a) this Act may be cited as the "Quality Stabilization Act".

(b) Section 5(a) of the Federal Trade Commission Act, as amended, is hereby amended by adding, at the end thereof, paragraphs (7) to (14), inclusive, as follows:

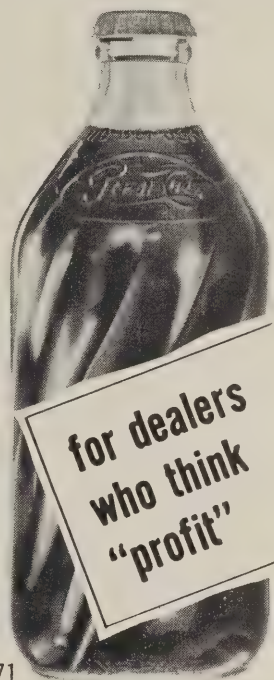
"(7) The owner of a brand, name, or trademark shall be deemed to retain his property rights therein, and in the trade and public goodwill symbolized thereby, regardless of any sale or transfer of the goods to which such brand, name, or trademark relates, and no such sale or transfer shall be deemed to diminish or extinguish any such rights. Any person who resells in commerce goods identified by a distinguishing brand, name, or trademark, either on the label, container, dispenser thereof, or otherwise, may rightfully employ such brand, name, or trademark, but only in effecting the resale of such goods, and subject to the provisions of paragraph (8) hereof.

"(8) When goods usable for the same general purpose are available to the public from sources other than the owner of such brand, name, or trademark, the right of any person to employ such brand, name, or trademark in effecting resale of goods so identified may be revoked by the owner of such brand,

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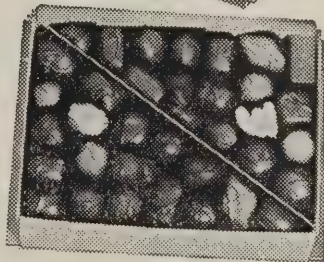
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name, or trademark, on written notice, for any of the following reasons:

"(a) that the person reselling such goods, has employed goods bearing the brand, name, or trademark in furtherance of bait merchandising practices;

"(b) that the person reselling such goods, with knowledge of the owner's currently established resale price or prices, has advertised, offered for sale, or sold such goods at prices other than such currently established resale prices; or

"(c) that the person reselling such goods, with intent to deceive purchasers, has published misrepresentation concerning such goods.

"(9) Nothing herein shall be interpreted to abridge the right of a person, in the regular course of his business and within a reasonable time after the date of any revocation pursuant to paragraph (8) of this subsection, to sell all such goods of which on such date he is possessed: *Provided*, That in such sale he shall commit none of the acts described in paragraph (8) of this subsection: *Provided, however*, That if and in the event that such person, promptly upon such revocation, shall have supplied to the owner of said brand name, or trademark a correct itemized listing of said inventory with a statement of the price paid per item and the total price paid therefor, together with a firm offer to sell and deliver all said inventory to said owner at any time within ten days thereafter upon payment of said total price, then such person, upon expiration of the ten-day term of said offer without acceptance, may so sell such goods in said inventory, in the regular course of his business and within a reasonable time thereafter, without restriction as to price, in which event each advertisement of, or offer to sell, such goods, shall state plainly that the right of the reseller, offering such goods, to employ in any way the brand, name, or trademark carried by the goods has been revoked as to any such goods not

in that reseller's possession at the time of such revocation.

"(10) Any person whose right to employ a brand, name, or trademark has been revoked by the owner thereof pursuant to the provisions of paragraphs (8) and (9) of this subsection and who thereafter, without the express written consent of said owner, first had, resells such goods so identified, or who otherwise employs such brand, name, or trademark in effecting resale of such goods or any other goods, shall be deemed to have committed an act of unfair competition and shall be liable in a civil action for damages and injunctive relief by the owner of the brand, name, or trademark, to prevent and restrain further violations of this Act. Such owner may sue in any district court of the United States in the district in which defendant resides or is found or has an agent, without respect to the amount in controversy, and may recover the cost of suit including reasonable attorneys' fees.

"(11) In any proceeding under paragraph (10) it shall be a defense to the charge of unfair competition for the defendant to establish that the plaintiff has not used due diligence in revoking the right of all other persons in substantial competition with the defendant who are known to plaintiff to be committing any of the acts set forth in subparagraphs (a), (b), and (c) of paragraph (8) hereof.

"(12) No action pursuant hereto shall preclude action otherwise provided by law for wrongful use of a brand, name, or trademark.

"(13) Paragraphs (7) to (12) hereof shall apply to all acts and transactions in or affecting commerce which Congress may lawfully regulate, and to all acts and transactions in any territory of the United States or in the District of Columbia. As used in paragraphs (7) to (12) hereof, the term 'person' means any individual, partnership, or corporation.

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"(14) No exercise of any right or remedy provided in paragraphs (7) to (13) inclusive of this subsection shall be construed to be a violation of any of the Antitrust Acts, and all such rights and remedies shall be also available to any owner of a brand, name, or trademark who, in the resale of goods identified by such brand, name, or trademark, shall compete, at any level of distribution, with any reseller offering such goods: *Provided*, That such owner shall sell such identified goods at any level of distribution at the price established for that level of distribution: *And Provided further*, That nothing in this Act shall be deemed to modify or repeal the Lanham Trademark Act, Public Law 489, approved July 5, 1946; the Miller-Tydings Act, Public Law 314, approved August 17, 1937; the McGuire Fair Trade Act, Public Law 342, approved July 14, 1962, or any State law described therein."

IOQUIN SUSPENSION FOR DANDRUFF

There are some 70 million chronic "scalp scratchers" in the United States, or 30 per cent of our total population. In other words, three of four adults with hair have dandruff problems.

"Any way you look at it, it adds up to a lot of dandruff," according to a booklet just put out by Abbott Laboratories.

What causes dandruff? While there is no pat answer, there are many theories. "One is that dandruff is caused by a malfunction of the oil glands around the hair roots," the booklet says. "Another is that dandruff results when your metabolic rate is too slow. It has also been attributed to the excessive use of irritants such as hair dyes, lacquers, sprays and rinses."

In any event, dandruff is dead skin. These dead scalp cells constantly flake off as new cells take their place. With some people, this scaling is gradual, with others the process is merely speeded up.

Dandruff may be either dry or oily. In general, it is not thought to cause baldness, nor can correction of dandruff problems overcome the loss of hair.

Abbt Laboratories issued the booklet with the marketing of a new anti-dandruff preparation called Ioquin Suspension.

"The new Ioquin is so safe you can buy it and use it without a prescription. In clinical studies supervised by physicians, Ioquin was studied on more than 700 men and women with dry or oily dandruff," the booklet says. "It controlled symptoms in more than 95 per cent of all these cases." Ioquin is available in pharmacies only.

DRUG STORE CHANGES

The following are changes in drug stores for February:

New

Medical Center Pharmacy, Milton R. Watkowski, Prop., Ritchie Highway, Severna Park, Maryland.

Thomas & Thompson Company, Mrs. Ann L. Peace, Pres., 7800 York Road, Baltimore 4, Maryland.

Read Drug & Chemical Company, Arthur K. Solomon, Pres., 6708-12 Reisterstown Road, Baltimore 15, Md.

Change of Address

Lansdowne Pharmacy, Karl G. Wagner, 2715 Hammonds Ferry Road, Lansdowne 27, Maryland: Formerly 2701 Hammonds Ferry Road, Lansdowne 27, Maryland.

Change of Name

Bambrick's Drug Store, Vincent C. Bambrick: Formerly Vincent C. Bambrick, Eason's Pharmacy, 154 Race Street, Cambridge, Maryland.

Closed

Metro-Indian Head Drugs, Harold M. and Leo Goldfeder, Indian Head, Maryland.

Fribush Pharmacy, Robert and Rose Fribush, 3600 Malden Avenue, Baltimore 11, Maryland.

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Retail \$6.50 dozen—3 for \$1.75

American Hygienic Co.

111 S. Paca Street, Baltimore, 1, Maryland

Represented by—IRV. NORWITZ

JOHN E. DONALDSON RETIRES FROM PEOPLES DRUG STORES, INC.

A brilliant career, in his chosen profession, highlighted by thirty-eight years of devoted and dedicated service to his company, and more than forty-five years of efficient and willingly given service to the Pharmaceutical, Medical, Dental and Nursing Professions, reached its climax on February 1, 1962, when JOHN E. DONALDSON retired as Director of the Prescription and Professional Service Department of Peoples Drug Stores, Inc.

An active member of the District of Columbia Pharmaceutical Association during the above period, John has served as both President and Secretary of our Association. He continues to serve as a member of the Executive Committee. He is a former Editor of the "Na-

tional Capital Pharmacist." John also serves on several important Association committees. At some time during his long and active participation in the Association, he has served on all standing and special committees, assuming the Chairmanship of several of the Committees.

As a prominent member of the Convention Advertising Committee, he has always attained the highest goal, each year setting a new record.

In tribute to his services to the District of Columbia Pharmaceutical Association, the Profession of Pharmacy, participation in affairs of his community, state and nation, cooperation with his fellow-pharmacists and service to mankind, John was elected "Pharmacist of the Year" in 1961 by the membership of our Association. This coveted



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award attests to the high esteem in which John is held by his friends and colleagues.

He served as a member of the D.C. Board of Pharmacy for more than twenty years and was President of the Board for several years.

In each and every capacity, John served in an exemplary manner, reflecting credit not only upon himself, but also upon the Association and the Profession.

The members of the District of Columbia Pharmaceutical Association extend best wishes for happiness, health and good luck to John as he retires from active service with Peoples.

We look forward to his continued active service in the D.C. Ph.A.

—From the *National Capital Pharmacist*

GILPIN ANNOUNCES OPENING OF NEW WASHINGTON DIVISION DISTRIBUTION CENTER AND GENERAL ADMINISTRATIVE OFFICES



James E. Allen, President of The Henry B. Gilpin Company, 117-year old wholesale drug firm, announced the opening of Gilpin's new 60,000 square foot building at 901 Southern Avenue, Washington 20, D.C. Architect for the building was the firm of Chatelain, Gauger & Nolan, who also designed Gilpin's wholesale drug operation which opened in Dover, Delaware in 1959.

The new building is occupied by the company's Administrative Offices and the Washington Division wholesale drug operation. The total installation, including building, equipment, and an inventory of nearly 30,000 drug products,

represents an investment of approximately two million dollars.

Richard D. Early, Manager of the Washington Division, stated that the latest material handling and accounting equipment has been installed, including Univac electronic equipment, modern conveyor systems, and the latest inter-communication equipment. He further stated that Gilpin's strategic location in relation to the new highway system brings this inventory of 30,000 drug store and pharmaceutical products closer to the hospitals and pharmacies in Metropolitan Washington and the peripheral area.

This building on the banks of the Potomac . . . the newest in Gilpin's expanding organization . . . will be dedicated to the Pharmacists of America in the Spring, when customers and friends will be invited to inspect the new facilities.

MORE SCIENTISTS NEEDED IN HEALTH

America needs more research scientists in all fields and particularly in health oriented disciplines and medicine, Elmer B. Vliet, Board Chairman of Abbott Laboratories announced at the Central Regional Conference of the Pharmaceutical Manufacturers Association in Chicago.

"It is rather appalling to consider that the research progress of 180 million Americans depends upon the knowledge and efforts of about 100,000 scientists engaged in full time research," he said.

Mr. Vliet stated that interest in science must "somehow be aroused in more children during their years in junior and senior high school. Government can keep appropriating larger sums for research but young people can't be made into scientists by an edict from Washington." He pointed out that it is usually too late to spark enthusiasm for a career in science once a child is through high school.

Mr. Vliet estimated that from Na-

tional Science Foundation data only about 55,000 scientists are engaged in industrial research and development. He said that education and government combined have only about 45,000 in full time research.

In speaking on the next decade for the pharmaceutical industry, Mr. Vliet forecast that if research outlays stay at about 10.8 per cent of sales, the present figure, the industry would be spending about \$410,000,000 annually on research by 1970—double the current figure. This is based on an industry sales growth to \$3.8 billions. "On the other hand," he said, "if our R & D budgets go up 10 per cent each year—as they did in '61 over '60—we would spend \$525,000,000 in 1970."

In discussing the role of government, Mr. Vliet said that "government agencies cannot be expected to conceive and carry forward the kind of purposeful research" that has brought major health gains. However, he said these agencies are "well-equipped to pursue and support important basic researches that could not otherwise be done. This they should be encouraged to do."

We must be able to depend on government for some other things so that our research efforts can continue to be productive, he said. The first of these is "the present type of patent protection available as an incentive for drug research and also to stimulate speedy disclosure of new discoveries." The second, he said, must be "adequate facilities for enforcing Food and Drug regulations." He also declared that opportunities for sound clinical evaluation must be kept available to the drug industry."

"Such studies must provide for good control testing with close scrutiny for any and all untoward side effects," Mr. Vliet emphasized. "They should be pursued with a hopeful and positive attitude for the purpose of evaluating and establishing a possible new drug—and not in an all-out effort to prolong

them endlessly just to seek some reason for withholding a product."

The Abbott Board Chairman warned against the temptations to use "ever growing government grant money to help support good scientists in certain fundamental types of research." Though "intriguing" at the start, he said, "orders from Washington may shift the program into less attractive directions, cut it back, or chop it off."

In reviewing the future of drug research, Mr. Vliet said that the "great future challenges for outstanding new contributions of the greatest value for mankind and for industry growth lie in the fields of fertility, organic diseases and aging."

REMEMBER YOUR FIRST JOB

You probably were given an introduction from a relative or had to ring doorbells by yourself to latch on to what you wanted to do. But with today's fast-moving technology, it is more important than ever that young people be pre-tested as to aptitude and interest to avoid wasting *your* time and the young person's time in false starts.

Your Maryland State Employment Service has established a new Youth Unit to do intensive counseling work with young people age 16-20 who do not plan to go on to college. When we refer these young people to you for an interview, you will know that scientific tests have shown that they can do the kind of work you expect of them. They will have been given a brass tacks preview of what any employer has a right to expect for a fair day's pay.

It will cost you nothing to have these young people referred to you for consideration for your entry level jobs. We have young women who have taken secretarial courses and young men who have received vocational training in the trades, as well as those with academic backgrounds.

Telephone your requirements at any time to 727-5900 and ask for the Youth Unit.

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MEDIPHONE DRUG INFORMATION SERVICE

The following Statement was made by Dr. Chauncey D. Leake, immediate past president of the American Association for the advancement of science, in New York at the opening of 'Mediphone' Service, January 8, 1962.

This is an exciting occasion . . . particularly because I have just come from the Denver meeting of the American Association for the Advancement of Science where we had the first session ever devoted exclusively to the communication of scientific information. Problems in this area have forced us to form a new permanent section of the Association to fill what is becoming a very pressing need among scientists in every field. We know so much now, but it is all filed away so that no individual can find it unless he spends an enormous amount of time merely hunting up his material. We are working on all kinds of systems to help us make this information readily available to those who want to use it.

'Mediphone' is the first such working system. It will make vital information about drugs readily available to those who need it in a hurry, and the information will be accurate. There are now about 2,500,000 chemical agents being used in industry and other activities in this country. Many of them are poisonous or dangerous, and there is an awful lot of information about them that we need to have available. We are developing Poison Control Centers in most of our big cities where physicians can have information on poisons or hazardous chemicals. But much more important are the thousands of drugs which are used daily by the medical profession. In some cases, there may be twenty names for the same drug. Many doctors want to use a drug, but they do not always have as much information about it as they would like. 'Mediphone' can supply that information in a matter of seconds. Obviously, a sys-

tem such as this has tremendous possibilities for service. It is of vital concern to all people in the health professions.

'Mediphone' is an example of how the systematic organization of material, by modern methods, can be applied most effectively to the benefit of all people.

It is important too, to remember that this is being done by private enterprise. We have so much government control that it is refreshing to find something that has been developed on a voluntary basis. Because 'Mediphone' is a voluntary, private enterprise, it will serve the people more effectively.

In addition to the immediate benefits 'Mediphone' will provide, there are far-reaching applications that are bound to develop from the operation of this system. At the present time, information is available in the 'Mediphone' files for each one of some 8,500 drugs or chemicals. This information includes data on how each drug should be expected to react on the human body, on dosages and routes of administration, on any reported untoward effects or contraindications—in fact, on any type of information which has been published anywhere for the past 15 years. But consider what will begin to happen after 'Mediphone' has been in operation for a while and information will begin to be fed back by practicing physicians all over the country. As you know, we really cannot expect to learn about a drug's ultimate effect on the human body until it has been used in everyday practice on all sorts of conditions. (A new drug is somewhat akin to a new airplane in this respect—no matter how complete or thoroughly it has been flight-tested, it must be used "on the line" before all of its characteristics are discovered.)

But, as information starts coming in from physicians on how a drug has behaved in actual practice, 'Mediphone' will really come into its own. Detailed

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Baltimore Metropolitan Pharmaceutical Association

Active Member (Store Owners and Former Store Owners)	\$10.00
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information on new drugs, of statistical value from the public health standpoint, will be accumulated rapidly. The medical profession quickly can be alerted to any undesirable effect which may follow the use of a certain drug.

Not all unexpected effects from drugs are undesirable ones, however. Many times it has happened that an entirely new use for a drug has come to light after it has been used in medical practice. There are many examples of how a new drug has been found to be effective in a disease or condition for which it was never intended. 'Mediphone' will certainly learn of these instances quickly, and the information can be made available at once to the medical profession for the benefit of all.

There may also develop even further extensions of the service. The same techniques used here that can be statistically evaluated can be used to aid the physician in making a diagnosis. It will be possible to estimate the percentage of frequency with which any particular symptom can be associated with any particular condition. This can be given to a physician very quickly along with indications of how to help the patient.

'Mediphone', of course, will not substitute for the judgment of the physician. He has to use his own judgment . . . make up his own clinical mind. It can help him in making that judgment by supplying him with statistically evaluated information and background for the judgment that he will form.

Computer machines can work more rapidly than any human brain. 'Mediphone' is now an early-warning system for drugs, but it can be applied to different activities.

As just one more example of how 'Mediphone' will be able to serve, let me tell you of an instance I witnessed. At Columbus, Ohio, a distinguished member of the University of Ohio faculty keeled over at the lunch table. It was not influenza, although the symp-

toms were there—it was learned from his wife that he had taken an overdose of quinidine. A new report has just appeared giving a method by which this particular drug can be flushed out of the body. But, the method is certainly not well known, and references to it in the medical literature have not been widely disseminated. 'Mediphone,' through its continuing program of collecting information, will have reports such as this available almost immediately after publication.

We have to be prepared for the most bizarre kind of occurrences. 'Mediphone' will know whether a similar thing has occurred at any other time.

Again, one of the most important aspects of 'Mediphone' may be the indications for a particular chemical for a particular purpose. Through the use of this system, physicians can now find out what may be the best kind of drug to help in a particular instance, what drug may be curative in a particular infectious disease.

This whole effort has enormous possibilities and widespread application for our better health and better welfare. It is an exciting advance for all of us in the dissemination of useful knowledge.

HOSPITAL BED INCREASE LAGS BEHIND POPULATION GROWTH

The number of hospital beds in the U.S. has increased considerably since early in the century. But since 1946 the increase has not been as fast as that for the total population, Health Information Foundation reported. Although the number of beds per 1,000 population increased sharply during World War II, it later decreased and today is at about the same level as in 1940, some 20 years ago.

In the current issue of its monthly statistical bulletin, *Progress in Health Services*, the Foundation shows that the World War II peak of over 1,700,000

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hospital beds corresponded to about 13 beds per 1,000 population. By 1960, the total was 1,658,000 beds in 6,876 hospitals listed by the American Hospital Association, or 9.2 beds per thousand population.

The Foundation's bulletin said that "shifts have taken place in the patient population and in the types of services that hospitals render in accordance with changing illness patterns and concepts of medical care."

The bulletin pointed out that there have also been changes in the types of ownership and control of hospital beds. Fewer beds are now under federal government ownership than during the war, for example. And "nonfederal short-term general and other hospitals, accounting for the majority of admissions in this country, increased sharply since 1949, in number of beds and in proportion to the total."

As a per cent of the total, beds in voluntary short-term hospitals have increased since 1946 (from 21 per cent to 27), the bulletin said. Beds in proprietary hospitals have decreased as a per cent of total beds; and beds in hospitals under state and local governmental ownership have, after an initial decline, regained their 1946 level.

Beds in nonfederal psychiatric hospitals increased in number almost every year between 1946 and 1955, and since 1957. And, according to the Foundation, "if beds in federal psychiatric hospitals and beds in general hospitals occupied by psychiatric patients are totalled, they may account for as much as 50 per cent of all hospital beds in the United States."

Beds in tubercular hospitals, on the other hand, and beds in long-term general and other special hospitals declined between 1946 and 1960.

"There has been considerable improvement in the distribution of hospitals, and hospital care is now generally available to all," said George Bugbee, President of the Foundation.

The Silver Lining . . .

The wise dealer who stocks either Abbotts or Jane Logan deluxe ice cream in his store finds his cash register drawer always lined—and filled—with silver coins of the realm. And, remember, green bills from silver coins do grow!

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He added that the public has invested about \$7.5 billion for hospital expansion and replacement since 1945, but that much more money will be needed because of population growth, particularly among those aged over 65, that is expected in the next 15 years.

"Population growth has offset the rate of improvement," he said. "Since 1946 our population has increased by almost 40 million, or 28.5 per cent, while the number of hospital beds has increased by 222,000 or 15.5 per cent."

For the nation as a whole, Mr. Bugbee pointed out, bed-population ratios do not show an excess of general hospital beds, and "reveal serious shortages in terms of beds for care of the chronically ill."

"Accomplishments notwithstanding," he said, "we must recognize that we have been running to keep up rather than to get ahead."

WINTHROP LABORATORIES LAUNCHES NEW PHYSICIAN SAMPLING PLAN

A radically-new method of distributing prescription-drug samples to physicians has been put into effect for the first time by Winthrop Laboratories, with the introduction nationally of Winstrol, an important physiostonic agent.

As described by Charles B. McDermott, vice-president-sales and marketing, the new sampling method "is expected to be a distinct improvement in almost every respect over the traditional procedures because it provides absolute control over free medical samples of Rx products going to doctors."

Under the new plan, Winthrop's professional sales representatives are offering physicians an opportunity to study the effectiveness of Winstrol, an anabolic hormone, by writing a prescription order for 100 tablets for patients of their choice. Prescriptions are sent to Winthrop's main offices by the sales representatives.

Upon receipt of the prescription-request, a stock package of 100 tablets of

Winstrol is sent to the doctor. He also receives a standard medical report to be returned to Winthrop, in which he is asked to note clinical results obtained with the drug.

Additionally, Winthrop salesmen are furnished with a sample card containing detailed product information, with an embossed "blister" holding one Winstrol tablet to allow physicians to examine its physical appearance.

"We feel that this unique method will insure that samples will be supplied only to physicians who indicate interest in using Winstrol clinically. This is not only economical but provides complete control of Rx products, in fullest compliance with F.D.A. requirements," Mr. McDermott explained.

When queried, doctors in a test campaign were enthusiastic about the new method. The general opinion, according to Mr. McDermott, is that it virtually eliminates the problem of Rx samples falling into the hands of unauthorized people, and permits the doctor to select the sample of drug he wishes to assess clinically.

The Winthrop plan is expected to be followed with interest by other drug manufacturers. The F.D.A. has recently disclosed many instances of repacking and resale of Rx samples by unscrupulous operators. The products are often mislabeled or the expiration dates for full potency have passed.

Winstrol is an anabolic steroid primarily designed to stimulate appetite and increase strength and sense of well-being. It is being used in the new sampling technique, Mr. McDermott states, because — being a steroid and relatively costly to produce, "we felt special control measures were needed to keep Winstrol out of unauthorized channels."

**80th Annual Convention
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JUNE 25, 26, 27, 28, 1962

ELI LILLY & CO. INCREASED SALES IN 1961

Eli Lilly and Company's estimated sales in 1961 were \$198.1 million, an increase of 11 percent over 1960 and the second-highest sales volume in the company's history, it was announced today. Estimated net income for the year was \$23.3 million, an increase of 24 percent over earnings during the previous year. Estimated earnings per common share were \$2.90, compared with \$2.34 in 1960.

Eugene N. Beesley, president of the company, said that all of Lilly's subsidiaries contributed to the improved operating results.

Seven new medicines were introduced to the medical profession during the year, including two anticancer agents and two steroid products. New products in the agricultural, veterinary, and packaging fields were also marketed by Lilly's subsidiaries.

Beesley said that the company set an all-time record for both second-quarter and fourth-quarter sales. He said that, in addition to the larger sales volume, careful control of costs contributed to the increased earnings during the year.

"HEART FACTS AND FABLES"

Ol wives' tales—or unfounded beliefs—can do great damage! According to the Heart Association of Maryland, this is particularly true in the field of heart and circulatory diseases.

Test yourself on these "HEART FACTS AND FABLES" - - -

THE FABLE: Nothing can be done about heart disease.

THE FACT: Some forms of heart disease can be prevented, some can be cured, and doctors can help almost all cases, especially if they are diagnosed early.

THE FABLE: Most heart attacks are fatal.

THE FACT: After a heart attack, most persons recover and lead productive lives.

THE FABLE: Murmurs, chest pains, and palpitations are sure signs of heart trouble.

THE FACT: Only your doctor can tell for sure, but if every chest pain, palpitation, or murmur were a heart attack, our population would be considerably smaller than it is.

THE FABLE: Women with heart disease should not have children.

THE FACT: With proper medical care most women can have children safely.

THE FABLE: You can't work if you have heart disease.

THE FACT: The Work Classification Unit of the Heart Association of Maryland has found that most patients can return to work. 66% of the patients seen return to their old jobs. Only 34% need to accept work of a less demanding nature.

Some well-known examples are drummers Gene Krup and Buddy Rich, playwright, Moss Hart, and a gentleman farmer named Dwight David Eisenhower, who recently became honorary chairman of the Board of the American Heart Association.

Experts in the field of heart disease remind you that research over the past fifteen years has taken giant strides to relieve heart ills and to lengthen life. Never in the history of mankind has there been so much ground for optimism among persons with cardiovascular ailments.

James E. Allen Re-elected President of National Drug Trade Conference

James E. Allen, President of The Henry B. Gilpin Company, wholesale druggists, was re-elected President of the National Drug Trade Conference at the Annual Meeting held in New York.

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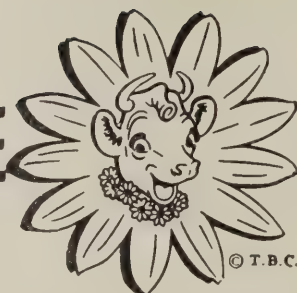
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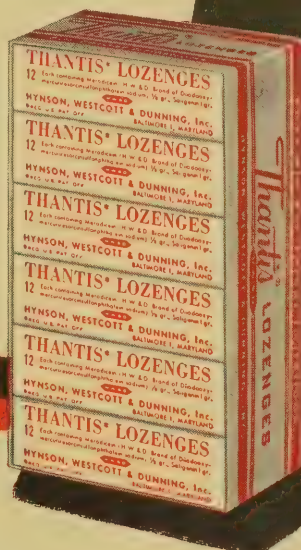
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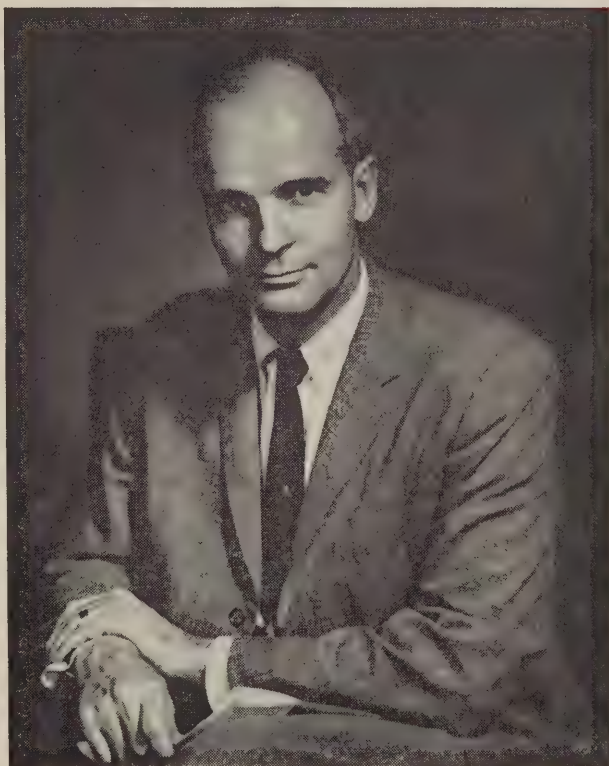
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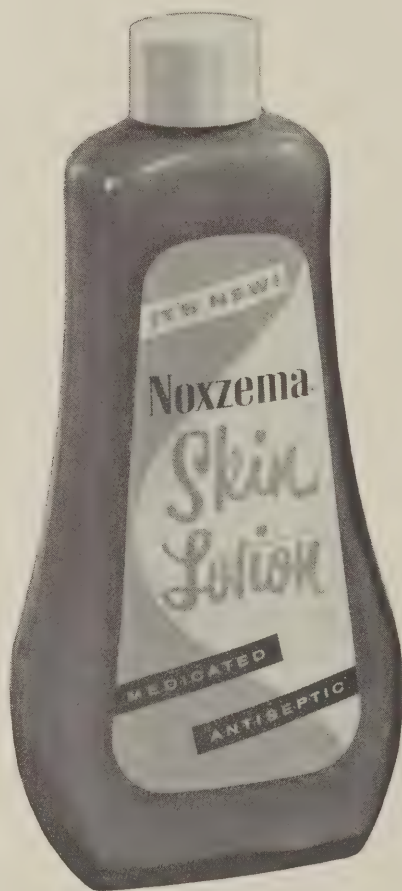
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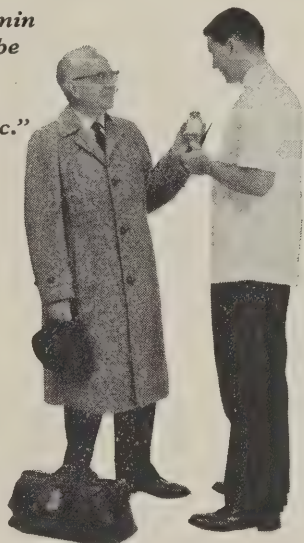
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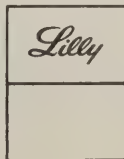
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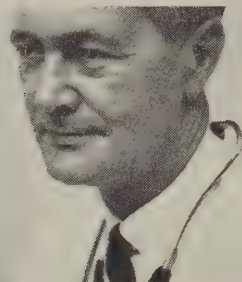
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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

VOLUME XXXVII

MARCH, 1962

No. 5

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... Editorial ...

A FRESH SPIRIT IN PHARMACY

Attendance at conventions is the most effective means of measuring the pulse of one's profession in a short period of time. The recent American Pharmaceutical Association Convention in Las-Vegas proved to be exactly such an avenue to the evaluation of the profession of pharmacy today. Present was a cross section of pharmacy — every geographic area, a complete spread of age from students to the retired, every pharmaceutical special interest group.

The program encompassed a broad spectrum, which included professional, scientific, socio-economic, historical, educational and legal topics.

What are some of the subjects which have come to the forefront of attention and thought of those who attended the A.Ph.A. Convention? Those in attendance included the leadership — professional and volunteer — from local, state and national pharmaceutical organizations.

First, it seems that there was great emphasis upon the necessity for closer relations between state associations and the A.Ph.A. States concluding affiliation agreements with the A.Ph.A. will be entitled to increased representation in the policy-making body — the House of Delegates. The Michigan State Pharmaceutical Association is the first to adopt a constitution which requires membership in the A.Ph.A. as a prerequisite for membership in the State society. The A.Ph.A. reciprocally requires membership in the Michigan society by a resident of that state requesting A.Ph.A. membership. Other states also have this matter under study.

Second, there is the growing awareness that many of the ills besetting the practice of pharmacy can be resolved only by the proper recognition of the crucial role of the *employee* pharmacist. Careers as employees are facing a growing percentage of the total number of

pharmacists. By their decisions, employee pharmacists will determine what type of pharmaceutical establishments will be initiated and will be enabled to operate. They are, therefore, a keystone to many socio-economic and professional problems. Greater concern must be given to the status of the employee pharmacist and to the development of the relationship of the concept of professional colleagues among all pharmacists.

Third, among the dominant topics was the professional fee concept in prescription pricing. An increasing number of community pharmacists have courageously pioneered the professional fee approach to the professional service which the community pharmacist renders. Reports indicate that many pharmacists are successfully utilizing fee pricing with happy effects upon clientele, physicians and pharmacists alike.

Fourth, there is finally the recognition that pharmacy must be concerned primarily with its own professional best interest, limited only by the general public interest, and not tied to the coat-tails of any other group or profession. Pharmacy must be alert to the social, economic and political developments in our society and work within their context. Pharmacy cannot be tied to the past. It must know the past and understand the present. It must meet the challenges of the present and, by planning, prepare realistically for the future. In this way pharmacy can participate in determining its own future and not be the victim of the forces of special interest groups whose interests do not necessarily coincide with the interests of pharmacists.

There is a fresh spirit stirring in pharmacy — an aggressive spirit of progress, courage, greater harmony, increased insight, willingness to participate in programs for advancement of the profession.

Are you with this spirit?

WHAT'S IN A BOTTLE OF 100?

Of course, there are 100 capsules by count. But are you sure they always add up to 100 per cent in quality?

Every time you need a drug for *your* family, don't you choose a brand name? And doesn't the reputation behind that name stand for top quality? When the product bears the Lederle name, you *know* the quality is 100 per cent. Do you honestly feel that way about a "just-as-good," cut-price generic?

The next time a patient comes in with a generic Rx, give him the benefit of your own personal trust ...give him the full

100 per cent...a Lederle or other brand-name product.



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PRESIDENT'S MESSAGE

Dear Fellow Pharmacist:

One of the highlights of the Association year was the Second Dr. Robert L. Swain Pharmacy Seminar held in March. It was gratifying to see pharmacists from many areas of the state and from the District of Columbia take time out for professional advancement.

Those who were absent missed an opportunity to refresh their knowledge in an area of growing importance in medical science — endocrine and steroid therapy.

The Association not only scheduled qualified members of the faculty of the School of Pharmacy of the University of Maryland, but also arranged for an outstanding authority from New York to present a stimulating and rewarding educational day.

It is hoped that in the future an even larger number of pharmacists will take advantage of this opportunity to keep up with the newer knowledge in pharmacy. We look forward to receiving suggestions for future seminar programs. Congratulations are due Alexander J. Ogrinz, Jr. and his committee for the many weeks of work that went into making the seminar so successful.

The Executive Committee and other committees have been meeting to advance the various projects of the Association. All committees are urged to review their particular assignments and accelerate their activities so that their reports will be completed for presentation at the Convention.

The program of the Convention has been completed and promises to contain a number of innovations and departures from previous programming. The programs will feature not only prominent national figures in pharmacy and government but also some of the outstanding practicing pharmacists from many parts of the country.

I look forward to seeing you at all our Association events.

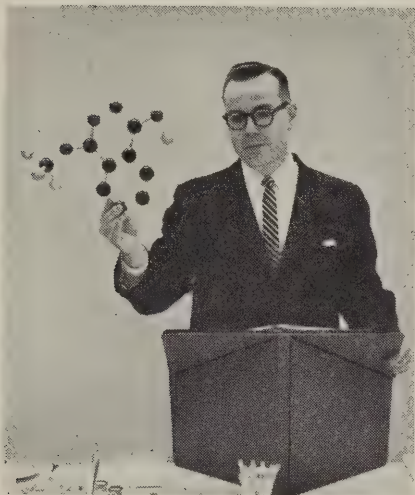
First, at the rally for the QUALITY STABILIZATION BILL on Tuesday, May 15th.

Second, at the 80th Annual Convention in Galen Hall, June 25-28.

Every day let us devote some thought to our profession of service — the practice of pharmacy.

Cordially,

NORMAN J. LEVIN
President



taking the story
to the public

SK&F Offers Services of the Speakers Bureau

Phil Collins (pictured above) is a member of SK&F's Professional Service Department. He—like the more than 400 Representatives who are enrolled in the SK&F Speakers Bureau—has received special training in public speaking. To date, Phil and his colleagues have spoken before more than a million people, including TV and radio audiences.

The SK&F Representatives describe highlights in medical and pharmaceutical progress during the last 30 years, and discuss some of the problems of health care today. The speeches usually end with a lively question-and-answer session.

If you would like to schedule an SK&F Speaker for a civic, social, or service group of which you are a member, just fill in and mail the coupon below.

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Secretary's Script...

A Message from the Executive Secretary

TOTAL MOBILIZATION FOR ECONOMIC SURVIVAL

First priority is still devoted to concentrating our efforts in mobilizing not only all the elements of the pharmaceutical industry of Maryland — retail, wholesale, manufacturing, but also other groups with a stake in enlarging and maintaining opportunities for free enterprise.

Other groups, such as gasoline, automotive parts, hardware and jewelers, have been contacted. Representatives have met and planned for joint efforts.

This entails an all out campaign to enlist the support of our U. S. Senators and Congressmen in securing the passage of the Humphrey-Capehart QUALITY STABILIZATION BILL, S.J. Res. 150 — H.J. Res. 636.

There has been a gratifying response by our members to our appeals to write their Senators and Congressmen. If you and your family have not done so, don't delay. Write TODAY.

The Maryland Pharmaceutical Association has arranged a rally for Tuesday, May 15th at the Straus Auditorium, 7401 Park Heights Avenue, Baltimore, at 9:00 P.M. The featured speaker will be Senator William F. Proxmire of Wisconsin, a co-sponsor of the QUALITY STABILIZATION BILL.

All of you are urged to allow nothing to stand in the way of attending this rally to show our U. S. Congress that the business people of this land require the passage of this legislation in order to survive. In addition, you are requested to bring members of your family, your clerks and other businessmen and friends. A packed house speaks eloquently to our political representatives.

If we all work together for what is essential, we have a fighting chance to succeed.

Sincerely

Nathan S. Grey

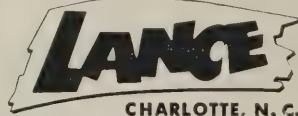
Executive Secretary



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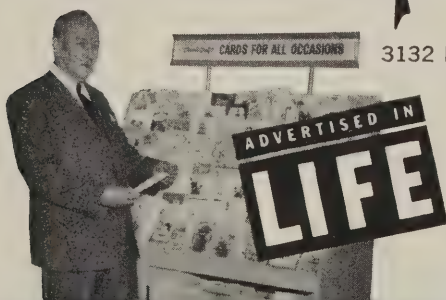
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School of Pharmacy, University of Maryland, News

ANNUAL ENTERTAINMENT AND DANCE OF THE ALUMNI ASSOCIATION SCHOOL OF PHARMACY, U. of M.

February 22, 1962

Reported By B. Olive Cole

The Annual Entertainment and Dance of the Alumni Association of the School of Pharmacy of the University of Maryland was held on Washington's Birthday, February 22, 1962 at the Emerson Hotel, Baltimore. The day was beautiful, without snow or sleet, which elements caused the 1961 affair on Valentine's Day to be attended by only a few strong-hearts who defied the weather. The auspicious weather on February 22, 1962 brought out more than three hundred persons, including students and faculty of the School to enjoy the occasion.

President James P. Cragg, Jr. extended the welcome and complimented the officers and members of the committees for their interest and cooperation. Sam A. Goldstein, Chairman of the Place and Arrangements Committee, introduced the guests, including Dr. Reginald V. Truitt, President of the General Alumni Association of the University of Maryland, and Mrs. Truitt; David L. Brigham, Director of Alumni Relations, and Mrs. Brigham, as very special guests from College Park, and presented the entertainers.

The entertainment under the supervision of Chairman Ernest Snellinger, aided by Herman Bloom, included special numbers by Tony Drake, N.B.C. Radio City Music Hall's favorite singer and the personable Lorraine Debo in the Bombshell of Rhythm. The music was by Mark Mantow and his orchestra, and everyone seemed spellbound by the elegance of the entertainment.

The Souvenir Program, with Harold P. Levin, Chairman and Robert J. Kokoski as Vice-Chairman, was a dis-

tinct credit to them, as it brought in an excess of two thousand dollars for the use of the Association in the selection of prospective students and providing those who are worthy and in need of financial aid with scholarships through the Student Aid and Scholarship Committee, and also for the work of the members of the Careers in Pharmacy Committee who inform prospective students of many aspects of the pharmacy profession. The support and assistance provided by the many pharmaceutical friends and advertisers, and so generously contributed, is greatly appreciated by the Association.

The splendid work of the Ticket Committee, with Milton J. Brownstein, Chairman and Milton Friedman, Vice-Chairman, showed that they had the cooperation, not only from the students, but from the members of the Association in the sale of tickets.

A special feature of the evening was the amusing and entertaining contest of the dancers of the "Twist" and "Cha Cha" by the younger generation. Prizes, including records and a Seven-Up bottling canister, were awarded to the three successful contestants.

Door prizes were donated by The H. B. Gilpin Company, Owens-Illinois Company, The Paramount Photo Service and Supply Company, Whitman's Candy, and the Seven-Up Bottling Company, and were distributed to those holding tickets of the winning numbers.

To state the affair was a great success is putting it mildly, as there is much enthusiasm and cooperation by the officers, chairmen of committees and just plain members, which bring success to any undertaking of the Association.

The Annual Alumni Banquet will be held on June 7, 1962 at The Baltimore Union Building, 621 W. Lombard Street. At that time the graduates of the School



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of Pharmacy of 1912 will be presented with certificates denoting graduation fifty years ago, and membership in the Alumni Association. The Distinguished Alumni of the Association will also be honored on that occasion. The graduates of 1962, with their ladies or escorts, will be the guests of the Alumni Association.

ALUMNI NOTES

Stephen J. Provenza, Past President of Baltimore Metropolitan Pharmaceutical Association and Chairman of the Professional Relations Committee was featured in an article in the Sunday Sun magazine. A color cover page and double spread inside portrayed Dr. Provenza's outstanding collection of apothecary jars, books and other pharmaceutical antiques. Photos were by Aubrey Bodine.

* * * *

Morton L. Pollack was featured in an article in the Baltimore Sun which described him as the biographer of the famous, as well as the unknown, customers who live in the neighborhood of his pharmacy at Greenway and N. Charles Street.

* * * *

Milton Rosenberg, Far Eastern manager for the Pharmaceutical Division of Johnson & Johnson International, was the author of a cover story in the J. & J. Bulletin about his activities in Hong Kong.

UNIVERSITY OF MARYLAND LUNCHEON A. PH. A. CONVENTION

Las Vegas, Nevada

March 28, 1962

John Autian, M.S. '52, Ph.D. '55, University of Texas, School of Pharmacy, Austin, Texas.

William B. Baker, B.S. '32, M.S. '33, S. B. Penick & Co., New York City.

Frank S. Balassone, B.S. '40, Maryland Board of Pharmacy, Baltimore, Md.

Frank Block, Ph.G. '24, Retail pharmacist, Baltimore, Md.

Marvin J. Chertkoff, B.S. '51, M.S. '54, Smith Kline & French, Philadelphia, Pa.

Mary W. Connelly, B.S. '51, Medical Health Center, Baltimore, Md.

Morris L. Cooper, Ph.G. '26, Retail pharmacist, Baltimore, Md.

Alvin N. Geser, B.S. '50, New Jersey Pharm. Assoc., Trenton, N. J.

Bernard F. Grabowski, Ph.D. '59, Ohio Northern University, Ada, Ohio.

Salvatore J. Greco, Ph.D. '48, Dean, Creighton University, Omaha, Nebr.

George P. Hager, B.S. '38, Ph.D. '42, Dean, Univ. of Minnesota, School of Pharmacy, Minneapolis, Minn.

LeRoy C. Keagle, Ph.D. '44, Dean, New England College of Pharmacy, Boston, Mass.

Oscar Klioze, Ph.D. '49, A. H. Robbins, Co., Richmond, Va.

George M. Krause, guest, Morris Plains, N. J.

Norman J. Levin, B.S. '38, Retail pharmacist, Baltimore, Md.

Albert M. Mattocks, Ph.D. '45, R. P. Scherer Corp., Detroit, Mich.

Lawrence Mueller, guest, Minneapolis, Minn.

Alexander J. Ogrinz, Ph.G. '34, B.S. '35, Retail pharmacist, Baltimore, Md.

Joseph S. Rowe, Abbott Laboratories, North Chicago, Ill.

Richard T. Sanner, Ph.G. '24, Parke Davis & Co., Detroit, Mich.

John J. Sciarra, Ph.D. '57, St. John's University, College of Pharmacy, Jamaica, N. Y.

John F. Wannenwetsch, Ph.D. '13, Retail pharmacist, Baltimore, Md.

Kenneth L. Waters, Ph.D. '45, Dean, University of Georgia, School of Pharmacy, Athens, Ga.

Warren E. Weaver, B.S. '42, Ph.D. '47, Dean, School of Pharmacy, Medical College of Virginia, Richmond, Va.

1962

MARKS

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NOTES ON THE HISTORY OF PHARMACY IN MARYLAND

By B. Olive Cole

When one reviews pharmaceutical education in Maryland the early drug stores in Baltimore are considered — one established by Dr. William Lyon in 1746, another by Dr. John Boyd in 1767, and one by Dr. Alexander Stenhouse in 1764. They were apparently conducted by the proprietors without having apprentices learning pharmaceutical practices and manipulations.

However, among the early refugees from France, who came to Baltimore by way of Santa Domingo, was Monsieur Edme' Ducatel, a well-trained pharmacist who had enjoyed several years at the Ecole de Paris. He established a large and scientific drug house in 1796 at 26 West Baltimore Street, west of Harrison Street, and for forty years held the confidence of physicians and patrons, thereby giving pharmacy in Baltimore its true birth.

In addition to his drug store activities, he was a pioneer preceptor in assisting young men in the intricacies of the drug business through what is termed apprenticeships and many of Baltimore's older pharmacists testified to the satisfaction of such training.

In comparison to one of today's requirements for the registration in Maryland — the completion of one year as a registered apprentice in a pharmacy approved by the State Board of Pharmacy, four months of the required practical experience to be acquired subsequent to graduation from a school of pharmacy — is a recognition of the present desirability of apprenticeships for pharmacists somewhat similar to that required in the early history of pharmacy in Maryland.

Further, the training received by graduate pharmacists as interns and residents in hospital pharmacies working

for the Master of Science degree, as well as certain phases of graduate work for the higher degree of Doctor of Philosophy, may be compared to what was early considered as apprenticeships, as these students are under close supervision of the professor of the major subject, who is to a certain degree a preceptor, and who gives more personal attention to such advanced students than is received by the general undergraduate student.

Physicians for many years compounded their medicines, but as their practice in medicine increased, they laid aside the mortar and pestle and abandoned this work to the pharmacist. The so-called apothecaries' shops with their apprentices became more numerous, and soon the general desire to afford students the opportunity of receiving systematic instruction in the sciences relating to their calling led to the establishment of colleges of pharmacy.

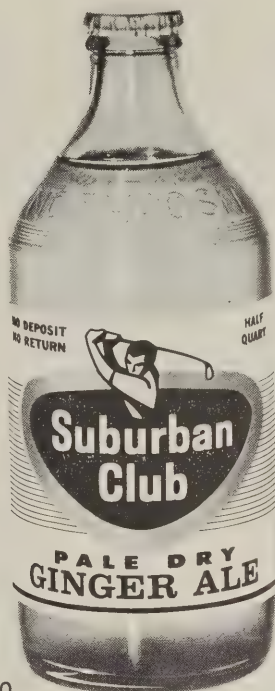
The Maryland College of Pharmacy was incorporated on January 27, 1841 and the first lectures were given in November 1841. Seven members of the College, without remuneration, participated in the lectures. In April 1844 the College entered into an agreement with the Faculty of Physic of the University of Maryland whereby the students in pharmacy were to attend the lectures on chemistry by Prof. W. E. A. Aiken and the students in medicine were to have the benefit of the lectures in pharmacy. On April 30, 1844 Dr. David Stewart was unanimously elected to the chair of "Theory and Practice of Pharmacy," the Maryland College of Pharmacy thus becoming the first institution in this country to establish a professorship in pharmacy.

The Maryland College of Pharmacy was re-organized on February 27, 1856. Since that time there has been a continuing effort by schools of pharmacy to extend and improve the courses offered to students. The committee on

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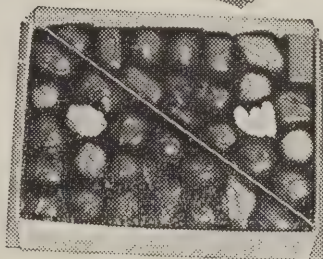
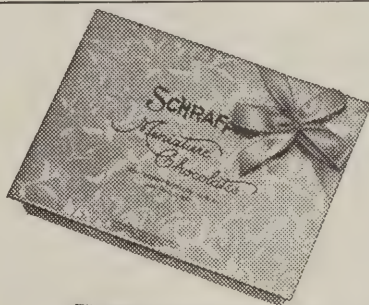
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lectures for the session of 1856-57 of the Maryland College of Pharmacy elected the following professors:

Dr. Louis H. Steiner — Professor of Chemistry

Dr. Charles Frick — Professor of Materia Medica

Mr. Israel J. Graham — Professor of Practical Pharmacy

In 1878 the course of instruction was graded and divided into a junior and senior course, each of six months, extending over two sessions, junior students being required to pass an examination for entrance to the senior class. The junior instruction embraced chemistry, pharmacy, botany and materia medica, and the senior instruction embraced more advanced studies in the foregoing branches, excepting botany, with obligatory laboratory instruction in operative pharmacy and in analytical chemistry given twelve hours weekly during the months of October, November, December, January and February.

In 1885 applicants for matriculation were required to pass an entrance examination in the studies pursued in the highest class of the grammar schools of the city, or to present a certificate from the school at which they may have received at least an equivalent education.

The Maryland College of Pharmacy in 1872 was the first school of pharmacy to make obligatory a course in analytical chemistry with William Simon, Ph. D., as director of the laboratory.

In 1879 Mr. Charles Caspari, Jr., class of 1869, was elected to the chair of pharmacy. In 1883, through his efforts, the college established the course in laboratory instruction in pharmaceutical manipulations.

In 1888 Dr. David M. R. Culbreth was elected to the chair of botany and materia medica. The chair of microscopy and practical botany was also established with Dr. Culbreth as the director of the course, with weekly ex-

cursions by the students for collecting and determining botanical specimens at the proper season.

Thus began the teaching careers of three able professors whose influence in the history of pharmacy in Maryland was to be dominant for many years and whose efforts included the establishment of the Maryland College of Pharmacy as a Department of the University of Maryland in 1904.

POLYETHYLENE GLYCOL ESTERS

By B. F. Allen*

This class of non-ionic surface active agents has been used successfully in a variety of cosmetic and pharmaceutical products. Reports on the applications of the polyethylene glycol esters indicate, (1) that in topical preparations they are generally less toxic than either the anionic or cationic surfactants, (2) the pH of products utilizing these esters as emulsifying agents usually falls within a short range of the acid mantle of the skin, and (3) emulsions and suspensions are particularly easy to manufacture in that no specialized equipment is required.


These esters are used not only in the production of emulsions and suspensions, but they are also solubilizing agents, emollients, wetting agents, foaming and anti-foaming agents. Their versatility is further emphasized by their use in hair dressings, shampoos, lipsticks, cosmetic creams, lotion vehicles, and washable ointment bases.

Because of the chemical structure of these materials^a, it is possible to prepare a great number of derivatives with varying physical properties. It has been stated that polyethylene glycol esters^b can be produced which are water solu-

*Associate Professor of Pharmacy, University of Maryland.

^a these esters are reaction products of a fatty acid with polymers of polyethylene glycols (or ethylene oxide)

^b also known as polyoxyethylene esters



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ble, dispersible or oil soluble depending upon the type of fatty acid used and the molecular weight of the polymer.

The fatty acid residue in the ester molecule confers oil solubility upon the compound, while the polyethylene glycol portion makes the ester water soluble. The physical properties of any ester are determined by the balance between these two portions of the molecule. It has also been noted that an ester prepared by one manufacturer may possess different application properties than the same ester produced by another manufacturer.^c

The most notorious member of this class of compounds is perhaps polyethylene glycol 400 monostearate.^d This substance was responsible for the many problems experienced by pharmacists with Calamine Lotion, U.S.P. XIV.

Polyethylene glycol 400 monostearate is a semi-transparent, whitish, odorless, or nearly odorless mass which melts between 30° and 34°C. It is insoluble in water, slightly soluble in alcohol, freely soluble in carbon tetrachloride, chloroform, and in ether. Also, it is dispersible in hot water, and upon stirring and cooling until the temperature drops, a lotion-like vehicle is formed.

This compound was present in the aforementioned calamine lotion in the concentration of 2 per cent, and through some type of complex formation was responsible for the product being incompatible with several commonly prescribed dermatological ingredients such as phenol and salicylic acid. In order to overcome this incompatibility, which was a loss of viscosity with some separation, an additional 2-4 per cent of the ester was required.

The dispersing agent polyethylene

glycol 400 monostearate can be used alone as a water-soluble ointment base or combined with a glycol mixture such as polyethylene glycol ointment, U.S.P. to form a simple washable ointment base.

It has also been stated that polyethylene glycol 400 monostearate when used alone is an excellent non-drying skin detergent of the water-less type and its emollient properties are of interest in burn ointments.

This polyglycol fatty ester is a powerful solvent-free solubilizer for typewriter and mimeograph inks. Also, it has been used by office workers as a "barrier cream" to prevent penetration of inks into the skin.

Therapeutic fat emulsions^e, corn or peanut oil 40 per cent and dextrose 10 per cent, are finding increasing use for therapeutic purposes. A typical formulation suitable for oral administration has been advocated containing 2 per cent of polyethylene glycol 400 monostearate as the emulsifying agent.

The use of polyethylene glycol fatty esters in food products has been a center of some controversy in the United States. While toxicity studies reported on these products indicate them to be atoxic at relatively low concentrations, the use of these materials in food products covered by identity standards is prohibited.

An ester such as polyethylene glycol 400 monostearate is said to have interesting stabilizing effects in cake mixes, ice cream, chocolate, etc. However, the manufacturer of one brand of this new material recommends that the user check his particular application with the Food and Drug Administration.

This particular ester may be used as an opacifier and lotion base in cold wave solutions (five per cent concentration is generally adequate). It may also be used as a viscous lotion vehicle for hydrogen peroxide on the hair; the two ingredients should, however, be mixed before use only.

^c may be due to utilization of fatty acids and polyethylene glycols which differ chemically and physically

^d formerly recognized in U.S.P. XIV

^e for putting on weight

Value

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An interesting observation is noted by the writer when the base in Calamine Lotion, U.S.P. XIV is scrutinized. If the calamine and zinc oxide are removed from the formula, one has remaining a suspension vehicle containing 8 per cent of polyethylene glycol 400, 2 per cent of polyethylene glycol 400 monostearate and 90 per cent water. It appears probable that many orally used powdered medicaments could be incorporated in this product resulting in a uniform dispersion with improved stability and smoothness over many conventional oral suspension vehicles. This idea blends in well with the suggested formulations for the therapeutic fat emulsions and a recently proposed aspirin elixir^f.

Many of the newer water-soluble, water-emulsifiable, and water-washable ointment bases have been formulated successfully with the polyethylene glycol esters as important constituents. Although these bases appear to be relatively free from incompatible tendencies, it has been noted that substances like bacitracin should not be incorporated in them.

Several researchers acting on the hypothesis that bacitracin instability in these bases may be due to free hydroxyl groups, investigated the polyethylene glycol diesters in which the hydroxyl groups are esterified and found them satisfactory.^g

In the cosmetic area, a suggested cream mascara formulation contains 10 per cent of polyethylene glycol 400

^f Aspirin	2.5
Sucaryl	3.5
Soluble orange	0.25
Alcohol	20.
Purified water	15.
Polyethylene glycol 400, q.s.	100.

^g polymyxin also stable in this type of formulation

^h replaces acacia (4 Gm.) which is conventionally used in compounding this type of prescription

^j abbreviation for polyethylene glycol

distearate. This illustrates the non-toxic nature of this diester because of the rigid specifications which must be met by cosmetics designed for application to the eye or portions thereof.

A practical application of this diester is aptly illustrated in the suggested procedure for compounding the following prescription.

Menthol	3 grains
Camphor	3 grains
Neo-Silvol	10 grains
Liquid petrolatum, q.s.	1 fl. oz.
M. Ft. emulsion	

Dissolve the menthol and camphor in liquid petrolatum ($\frac{1}{2}$ fl. oz.), add polyethylene glycol 400 distearate (30 grains)^h, mix well, then add distilled water ($\frac{1}{4}$ fl. oz.) all at once and emulsify the mixture; suspend the Neo-Silvol in the amount of distilled water needed to make the finished product measure one fl. oz., and mix the Neo-Silvol suspension with the emulsion.

The versatility of the polyethylene glycol fatty acid esters is further exemplified by the many (45 or more) compounds that are commercially available as raw materials. The following are just a few of the types with some specific suggested uses: PEG^j 600 monostearate (effective skin protective), PEG 400 dilaurate (hair conditioning agent), PEG 300 distearate and PEG 1540 distearate (bacitracin lotion).

The industry appears to be somewhat reluctant to reveal the presence of these esters in commercial products. However, their presence has been indicated in the following preparations.

LOWILLA EMOLLIENT ¹
NEO-POLYCIN ² (oint)
NEO-POLYCIN-HC (oint ² , liq ³)
SPOROSTACIN ¹ (lot)

¹ contains PEG monostearate

² contains PEG dilaurate and PEG distearate

³ contains PEG dilaurate

POLAROID FILM

By Martin M. Settler

Polaroid Film sales are gradually increasing in the retail pharmacy and most of the pharmacists know very little about it. There are two sizes of roll film used in the amateur field, that is, the small size and the large size. The smaller size is known as the 30 series or Polaroid 32 and Polaroid 37 Film. Polaroid 32 is of the 400 speed type and Polaroid 37 is of 3000 speed type. The 30 series size film can only be used in the Highlander or series 80 cameras as well as the new J33 camera. The print size of these cameras $2\frac{1}{2} \times 3\frac{1}{4}$, or approximately half the size of the 40 series which produces a finished print of $3\frac{1}{4} \times 4\frac{1}{4}$. All of the amateur film being now manufactured is of the 10 second development variety.

When a customer comes into your store and wants to know what Polaroid Film to buy, you should first inquire as to size of camera—whether the Highlander or 80 series or J33. All of these cameras are of the smaller type and are grayish in color. The larger size films are used in the Polaroid Speedliners or series 95 (the first models, which were brown), the Model 100, 700, 800, 850; and the Pathfinder or 110 series. Also the new 900 and J66 cameras.

The 200 or 400 speed films can be used in all cameras except the new J66 and J33 cameras which are adapted for the 3000 speed film only. The 3000 speed film can be used in all cameras on the inside with available light as this film is fastest available at the present time. However to use the 3000 speed film on the outside in bright sunlight on the older type cameras, such as the older 95's, 700, or 800 models, a 4S reducer or neutral density filter must be used. Also all older models which do not have an L in front of serial number will need light seals. These are included with each wink-lite purchased.

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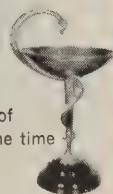
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largements are easily made from Polaroid prints. All you need to do is to send prints with proper information to your photofinisher who will follow through. The copies retail for 2 for 25c and enlargements, priced reasonably, according to size requested.

Another important point is when a customer brings a roll of film back to your store, claiming a defective roll and wanting an exchange, he himself, the customer must return the bad roll with any prints to Customer Service, Polaroid Corporation, Cambridge 39, Mass, and in most cases a new roll and a letter of explanation will be sent him. Another good tip is to advise customers to clean the rollers, which do get sticky and dirty, with a little warm water. This will prevent spots or streaks on finished prints.

Do not hesitate to write me if you want any questions answered or desire any information regarding cameras, films, or flash units.

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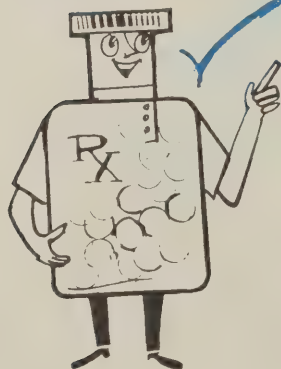
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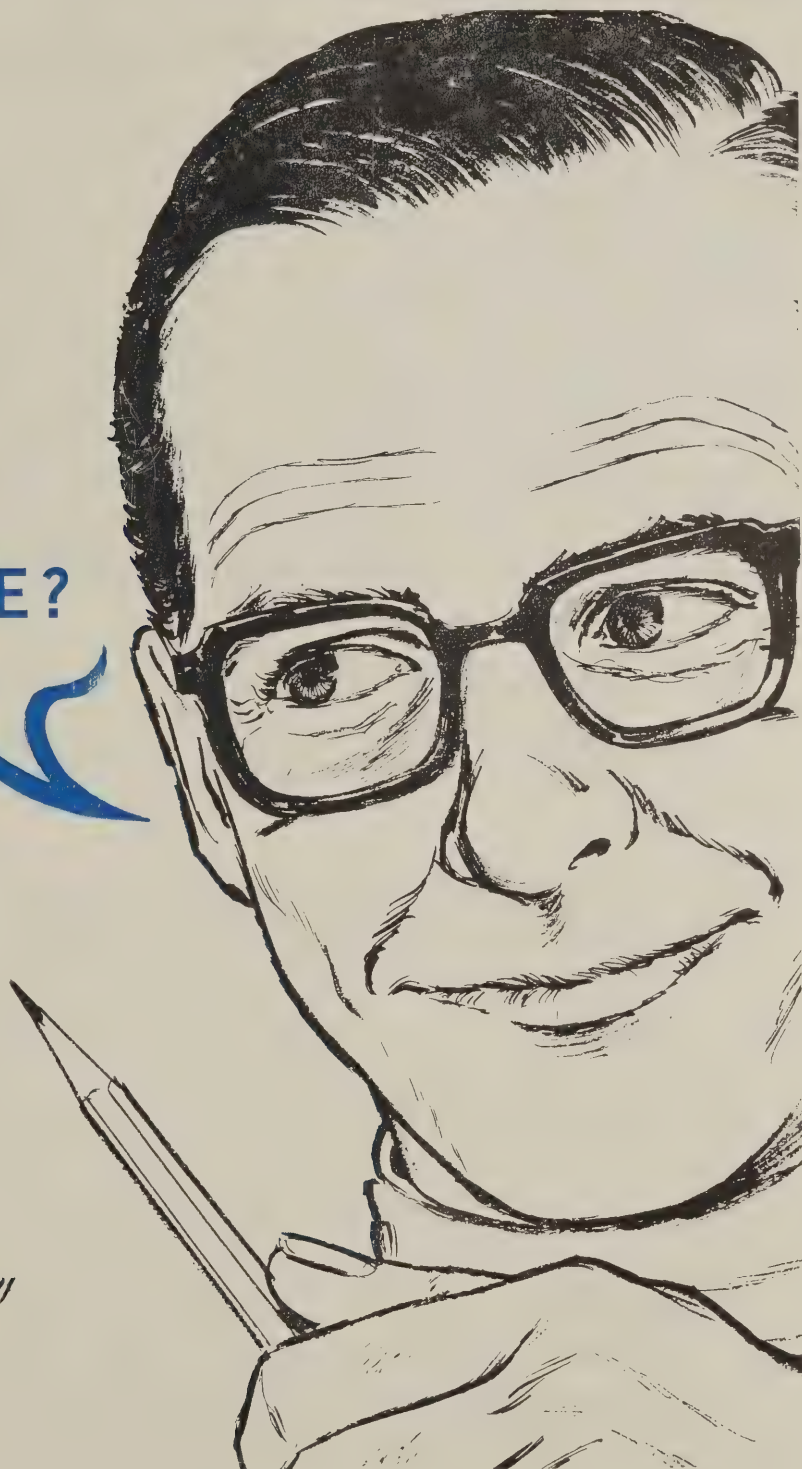
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Volume 20

MARCH, 1962

No. 5

TAMPA CONVENTION COMMITTEES

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Let's have a record turnout for TAMPA at this year's Convention—the 80th Annual Meeting.

Congratulations

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80th Annual Convention

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JUNE 25, 26, 27, 28, 1962



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PRESIDENT'S MESSAGE

BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

Dear Fellow Pharmacists:

The major event of the Baltimore Metropolitan Pharmaceutical Association is the annual banquet and dance in March and it is my pleasure to report a most successful banquet, both socially and financially. The Banquet Committee, headed by Chairman Aaron Libowitz and Vice-chairman John Neutze, assisted by Ticket Chairman Bernie Cherry and Treasurer Charles Spigelmire, did an outstanding job.

The Professional Relations Chairman, Steve Provenza, arranged an excellent program for April 26th featuring Dr. Paul F. Guerin at the Medical and Chirurgical Faculty Building. This is a first for the pharmacists of this area.

On May 24th we are fortunate in having Morris Blatman, Executive Secretary of the Philadelphia Association of Retail Druggists, to speak at our regular monthly meeting on the problems facing pharmacy in its professional and economic fight.

Again, it is my duty to urge all of you to write Senator Butler and your Congressmen to support the QUALITY STABILIZATION BILL (S.J. Res. 159 - H.J. Res. 636).

Sincerely,

JEROME J. CERMAK
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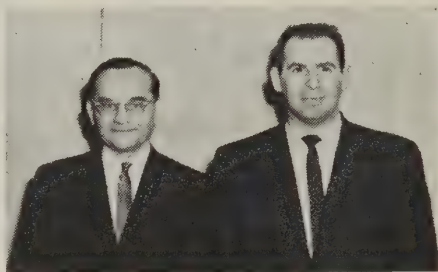


:- NEWS ITEMS :-

SECOND ANNUAL DR. ROBERT L. SWAIN PHARMACY SEMINAR

The 2nd Annual Dr. Robert L. Swain Pharmacy Seminar was held at the Health Sciences Library Auditorium on March 15, 1962. The Seminar was under the sponsorship of the Maryland Pharmaceutical Association and University of Maryland, School of Pharmacy.

The theme of the seminar was The Endocrine System and Drugs Used in Endocrine Therapy. Dr. Casimir T. Ichniowski, Professor of Pharmacology, and Dr. Leslie C. Costello, Associate Professor of Anatomy and Physiology, presented informative talks at the morning session on the Seminar theme.



Left to right: Dr. Casimir T. Ichniowski, Professor of Pharmacology, University of Maryland; Dr. Leslie C. Costello, Associate Professor of Anatomy and Physiology, University of Maryland.

The afternoon speaker was Dr. Herbert S. Kupperman, Associate Professor of Pharmacology, New York University Post-graduate Medical School, who held the audience spellbound with his address on "Newer Advances in Endocrine Therapy."

Also participating in the program were Dr. Noel E. Foss, Victor H. Morgenroth, Jr., and Nathan I. Gruz. The chairman of the committee was Alexander J. Ogrinz, Jr.



DR. HERBERT S. KUPPERMAN
Associate Professor of Medicine
New York University
Post-graduate Medical School

SCIENTIST WINS HONOR

Research findings reported at the American Chemical Society meeting in Washington, D. C. helped Dr. Mu Tsu Wu, research associate at the University of Maryland School of Pharmacy, to win a unique recognition, the first doctor of science degree ever to be awarded by a Japanese imperial university for work done in the United States.

Dr. Wu received the award several months ago from Tohoku University, formerly Tohoku Imperial University (one of seven imperial universities in Japan), to which he had submitted advance reports of the research findings

(Continued on Page 550)

YOUR VACATION SPECIAL FOR '62

Plan to attend the

80TH ANNUAL CONVENTION

of the

MARYLAND PHARMACEUTICAL ASSOCIATION

in conjunction with

T.A.M.P.A. and L.A.M.P.A.

GALEN HALL

WERNERSVILLE, PENNSYLVANIA

JUNE 25, 26, 27, 28, 1962

Combine information, education and relaxation in the mountains
—a convention program to help you

MAKE YOUR VACATION PLANS NOW!

SENATOR PROXMIRE TO ADDRESS RALLY FOR QUALITY STABILIZATION BILL

The Maryland Pharmaceutical Association is sponsoring a rally in support of the QUALITY STABILIZATION BILL (S.J. Res. 159 — H.J. Res. 636) on Tuesday, May 15, 1962 at the Straus Auditorium, 7401 Park Heights Avenue, at 9:00 P.M. The featured speaker is Senator William Proxmire of Wisconsin, dynamic fighter for small business and fair competitive practices.

Philip Jehle, Washington Representative of the N.A.R.D., will also bring a message and introduce Senator Proxmire. Others participating are repre-

sentatives from hardware, gasoline, automotive parts, jewelry and other fields. Senators and Congressmen of Maryland and other legislators have been invited.

The rally is under the supervision of a committee headed by Simon Solomon and Alexander J. Ogrinz, Jr.

Delegations from the Prince George-Montgomery County Pharmaceutical Association and the Allegany-Garrett County Pharmaceutical Association will participate, as well as pharmacists and other retailers from every part of the state.

(Continued from Page 548)

discussed recently, along with other publications relating to his work at the University of Maryland.

He is collaborating with Dr. Norman J. Doorenbos, associate professor of pharmaceutical chemistry at the University of Maryland, on the synthesis of steroids (chemical substances which include such important compounds as the sex hormones and cortisone), and their recent work is reported in two papers read in Washington.

Thus far, they have synthesized about 200 steroids, some of which show promise in controlling inflammation, like hydrocortisone, or in alleviating hypertension, cancer, or heart disease.

The doctor of science degree is highly coveted in Europe, as well as in Japan, and is awarded only for outstanding attainment in research. Since most investigators work at least fifteen years before applying for the degree, and few who apply are successful. Dr. Wu, who won his degree at the age of 32, is undoubtedly one of the youngest scientists to be so honored.

Dr. Wu is a Formosan, an alumnus of National Taiwan University, and the sixth of his countrymen to win the doctor of science degree from an im-

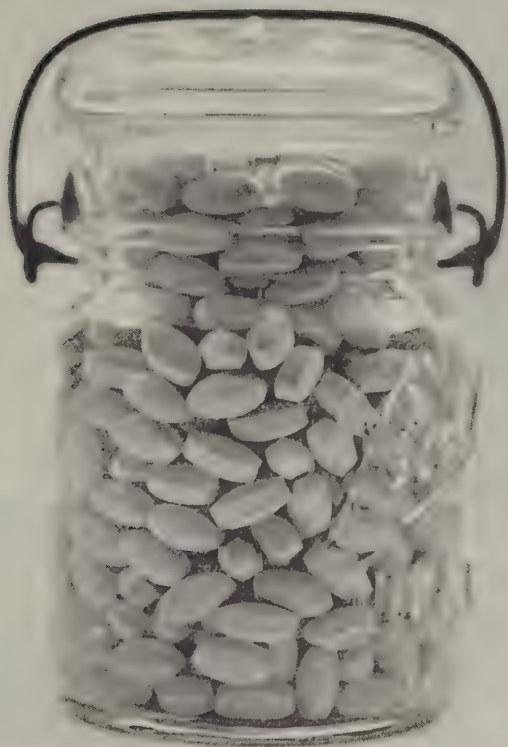
perial university. Before coming to the United States in 1958 he had worked for the Formosan government on methods of desalting sea water.

Dr. Doorenbos also participated in the Washington meeting, having presided at the meeting on medicinal chemistry. Arvin Schroff, a graduate student of Dr. Doorenbos', presented a paper on his work in the department for which he won a Lundsford Richardson national award last year.

ESQUIRE DROPS Rx MAIL-ORDER AD UPON APhA COMPLAINT

Esquire magazine has advised APhA Secretary William S. Apple that they are disinclined to accept any more advertising of prescription mail-order operations. Arnold Gingrich, publisher of Esquire, responded to an APhA telegram that "while we accepted the advertisement (appearing in the April, 1962, issue of Esquire) in good faith, we were totally unaware of the various considerations you have raised."

The telegram from Dr. Apple, dispatched only two days earlier, pointed out the public health hazards associated with the commercial merchandising and distribution of dangerous prescription-legend drugs by mail.



If you had to make your own children's multivitamins

...chances are you'd try to make them very much like our **new VI-DAYLIN[®] CHEWABLE with Entrapped Flavor**. Entrapped Flavor means a better tasting chewable children's multivitamin; one with no vitamin aftertaste. Here's why: 1. We coat all the vitamins in a digestible film that does not dissolve until it reaches the gastrointestinal tract. This means that unpleasant strong vitamin tastes are not released in the mouth, but in the g-i tract where they are most quickly absorbed. 2. We make certain that every Vi-Daylin Chewable tablet tastes citrus sweet and good to every patient, everytime; we coat the flavoring oils in each tablet in a water soluble film. This film dissolves immediately in the mouth, releasing the full bouquet of our citrus-candy flavoring agents.



**DR. CHARLES JELLEFF CARR ELECTED TO
FELLOWSHIP IN THE AMERICAN
ACADEMY OF SCIENCE**



DR. CHARLES JELLEFF CARR

Dr. Charles Jelleff Carr, who has been Chief of the Pharmacology Unit, Psychopharmacology Service Center, National Institute of Mental Health, Bethesda, Maryland, since 1957, was recently elected to Fellowship in the New York Academy of Sciences.

Dr. Carr received the B.S. degree from the School of Pharmacy, University of Maryland, in 1933, having received the Garvin Scholarship from the American Chemical Society. He received the M.S. degree in 1934 and the Ph.D. degree in 1937 from the University of Maryland through work in the Department of Pharmacology, School of Medicine, where from 1933-37 he was Fellow and Instructor, Assistant Professor, Associate Professor and Professor of Pharmacology. He was Professor of Pharmacology, School of Pharmacy, Purdue University, Lafayette, Indiana, 1955-57.

His major research interests have been in the development of a new series of volatile general anesthetics. He collaborated with Dr. John C. Krantz, Jr. in the field of inhalation anesthetics with the discovery of such anesthetics as cyclobutane and vinyl ethyl ester and the publication of many reports connected with his field of investigation.

**SPOTLIGHT
PRODUCT OF
THE MONTH**

**Lucky Tiger
Butch Hair Wax**

Featured in all BMPA Stores

WITH

Dial 123 Live Radio

Dr. Carr is a Life member of the American Pharmaceutical Association; member of the American Society for Pharmacology and Experimental Therapeutics; American Chemical Society and the New York Academy of Sciences.

HOUSEHOLD AIR PURIFIERS

Household air purifiers commonly sold in retail stores are not effective in preventing or treating respiratory ailments, sinus trouble or allergy conditions, the Food and Drug Administration said again in announcing the results of a court action involving the nationally promoted Puritron line of such devices.

FDA said that a Federal court decree filed in the District of Columbia drastically limits the health benefits which may be claimed for household air purifiers.

A Country is not made great by the number of square miles it contains—but by the number of square people it contains.

SO IS BUSINESS

CALVERT DRUG COMPANY, INC.

901 CURTAIN AVENUE

BALTIMORE 18, MD.

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MEMBER

FEDERAL WHOLESALE DRUGGISTS ASSOCIATION

UNITED STATES AND CANADA

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DRUGGISTS

ALWAYS

SEARCH FOR HIGH SCHOOL COVER GIRL OF '62 BEGUN BY NOXZEMA AND SCHOLASTIC MAGAZINES

A nationwide search for the High School Cover Girl of 1962 is being conducted by the Noxzema Chemical Company (Baltimore) in cooperation with Scholastic Magazines, publishers of classroom periodicals for high school students. Purpose of the search is to find the teenage student who best typifies the personality, charm and grooming of today's high school co-ed.

The High School Cover Girl Winner will receive a hundred-dollar savings bond, an expense paid week-end in New York with chaperone, and will be photographed in color for the cover of the September '62 issue of Co-Ed magazine.

Any girl enrolled in junior or senior high school in the United States or its territories is eligible to submit a full-length and close-up photograph, together with a statement in 50 or fewer words on "Why good grooming is important to high school girls." Judges will be Margaret Hauser, editor of Co-Ed magazine; Richard Avedon, noted cover girl photographer; and one of America's top cover girls, to be named later.

The search for a High School Cover Girl is a natural tie-in with Noxzema's national advertising campaign for Cover Girl makeup. The multi-million dollar campaign in leading magazines, supplements and on television dramatically features leading models who are named and quoted as Cover Girl users. Cover Girl makeup, "the first glamour makeup that's actually good for the skin," was introduced nationally in January 1961 and now ranks as one of the best-selling makeup brands in the country.

The contest is being conducted as a tie-in with Noxzema's advertising campaign in Scholastic Magazines for Cover Girl makeup. Participating publications are: Senior Scholastic, Practical English, World Week and Co-Ed.

The Silver Lining . . .

The wise dealer who stocks either Abbotts or Jane Logan deluxe ice cream in his store finds his cash register drawer always lined—and filled—with silver coins of the realm. And, remember, green bills from silver coins do grow!

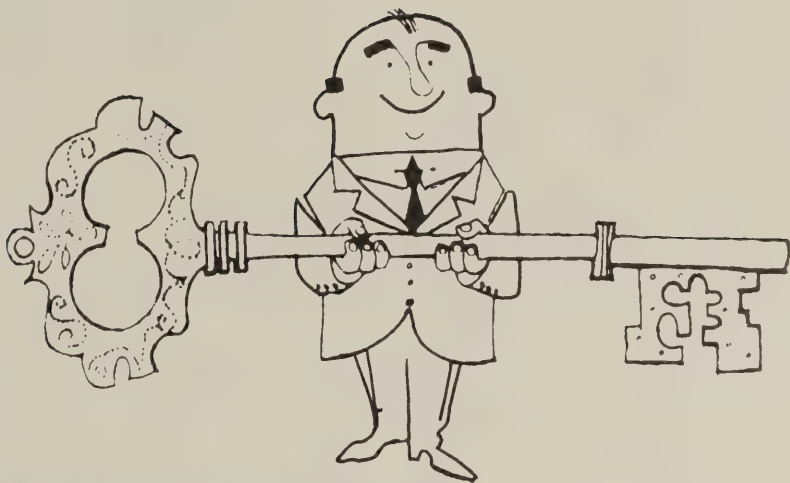
Give us a call . . . but only if you want your profit figures in crisp, crunchy green bills! . . .

Center 3-4000




ABBOTTS DAIRIES, INC.

45 S. Catherine St.



CAN THIS BE THE KEY TO YOUR FUTURE?

NORTH AMERICAN merchandises your store thoroughly—your customers know you sell money orders—and NORTH AMERICAN keeps you going with the hottest compensation plan in the industry today. Before you tie yourself down to any other long-term contract—make sure you know the whole NORTH AMERICAN story. Become a PARTNER in profit—then watch your fortunes Z-O-O-M with NORTH AMERICAN!



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AMERICAN
CHECK
CORP.**

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\$300,000 COLOR TEST PROGRAM TO BE FINANCED BY DRUG INDUSTRY

A \$300,000 two-year public service project to make animal tests on dyes that give drugs their identifying colors was announced today by the prescription drug industry.

Financed by 26 member firms of the Pharmaceutical Manufacturers Association, the program will test seven key colors. Since 1938 the government has certified the safety of every batch of dyes used in food, drugs and cosmetics, but a 1958 revision of the federal food and drug laws sets up new and very comprehensive safety tests for color additives, it in effect disqualifies all color additives now in use, in spite of the fact that all of these had been tested for safety during previous years.

Protection of the patient is the primary function of color in drugs. By color-coding their capsules, tablets and liquids, drug makers help doctors, nurses and pharmacists ensure that each patient receives the intended medicine in the proper dosage form.

Size and complexity of the program are illustrated by the number of test animals involved — 1,460 rats and 180 dogs. Each animal will be subjected to more than 100 times normal human exposure to the test colors. The dogs will become so valuable they are being insured for \$20,000 each during the two-year feeding experiment.

Colors that pass all tests will probably be safer than common table salt. When testing is complete, petitions will be filed with the government for certification of the reproven dyes. The animal work for each basic color will cost about \$60,000, and the filing fee for each petition is \$2,600.

Once the colors are certified, the bulk of the work will have been done as a public service by the drug firms, so that other industries or individuals will be able to file petitions to use these colors in their products without having to repeat the animal safety tests.

Planning for the project began over a year ago when it became apparent that unless the drug makers did the testing, the important color-coding system would be severely hampered.

Firms sharing the expenses of the test are: Abbott Laboratories, North Chicago; Ames Company, Inc., Elkhart, Ind.; Armour Pharmaceutical Company, Chicago; Burroughs Wellcome Company, Tuckahoe, N.Y.; Ciba Pharmaceutical Company, Summit, N.J.; Crookes-Barnes Laboratories, Wayne, N.J.; S.F. Durst & Company, Philadelphia; Geigy Pharmaceuticals, Ardsley, N.Y.; Hoffmann-LaRoche, Inc., Nutley, N.J.; Irwin, Neisler & Company, Decatur, Ill.; Johnson & Johnson, New Brunswick, N.J.; Fine Chemicals Dept., American Cyanamid Company, New York City; Eli Lilly & Company, Indianapolis; Lloyd, Dabney & Westfield, Inc., Cincinnati; Merck Sharp & Dohme, West Point, Pa.; Parke, Davis & Company, Detroit; Pitman-Moore Company, Indianapolis; Rexall Drug Company, Los Angeles; G. D. Searle & Co., Chicago; Standard Pharmacal Company, Chicago; The Upjohn Company, Kalamazoo, Mich.; The Wm. S. Merrell Company, Cincinnati; E. R. Squibb & Sons, New York City; A. H. Robins Company, Richmond, Va.; Mead Johnson & Company, Evansville, Ind.; Warner-Chilcott Laboratories, Morris Plains, N.J.

... Hazelton Laboratories, Falls Church, Va., will do the testing.

Mead Johnson & Company sales increased 18.8% in 1961 to a record high for the eleventh consecutive year, according to year-end figures released today.

Gross sales were \$145,450,813 up from \$122,421,510 in 1960, and \$65,316,941 in 1959.

Net profit after taxes was \$9,624,874, equal to \$5.13 per common share. Corresponding figures were \$13,315,725 or \$7.25 per share in 1960, and \$5,501,174 or \$3.02 per share in 1959.

HOWARD'S

New Improved Facilities

for

Excellence of Service

We are better prepared to service

Your Daily Needs

of

Drugs—Pharmaceuticals—Toiletry—Sundries

THE HOWARD DRUG & MEDICINE CO.,

101 CHEAPSIDE

BALTIMORE 2, MARYLAND

Call PLaza 2-6290

INDUSTRY NOTES

Dollar earnings for the Rexall Drug and Chemical Company reached a new high in 1961 while per share earnings were off slightly, Justin Dart, president, announced.

Rexall and its consolidated subsidiaries showed net earnings of \$9,581,444 in 1961 as compared with \$9,359,694 in 1960, Mr. Dart stated. Net sales reached \$260,879,928, a gain of \$18,322,759, or 7.6 per cent, over 1960.

CIBA net earnings for 1961 amounted to \$6.8 million on world-wide sales of \$294 million it was announced at the March 28 annual meeting of the CIBA Board of Directors in Basle, Switzer-

land, according to Dr. Victor Umbrecht, president of CIBA Corporation, New York.

CIBA world-wide earnings of pharmaceuticals, dyes, plastics, pigments and other chemical products showed an increase of \$32 million over the \$262 million on world-wide sales in 1960.

Dr. Umbrecht said the Board of Directors also announced a dividend of \$21 per share, the same amount paid in 1960.

U. S. sales of CIBA Corporation, a wholly-owned subsidiary of CIBA Limited, Basle, Switzerland, increased 11.33 per cent to a record \$73.7 million in 1961.



"YOU ADD THE FINISHING TOUCHES."

DRUG STORE CHANGES

The following are changes in drug stores for March:

New

American Drug Center, J. Y. Mobley, (Baltimore Drug Centers, Inc.), 3752 W. Belvedere Avenue, Baltimore 15, Maryland.

Peoples Service Drug Stores, Inc., #89, 8464 Annapolis Road, Hyattsville, Maryland.

Peoples Service Drug Stores, Inc., #71, 7534 Annapolis Road, Lanham, Maryland.

Change of Address

Benjamin S. Levin, Richard's Pharmacy, 6300 Eastern Avenue, Baltimore 24, Maryland. Formerly: 6306 Eastern Avenue, Baltimore 24, Maryland.

Max A. Krieger, State Pharmacy, Inc., 7900 Harford Road, Baltimore 14, Maryland. Formerly: 7810 Harford Road, Baltimore 14, Maryland

Change of Ownership

Eldridge's Pharmacy, (Lamar Drug Co., Inc.) Carroll P. Marinelli, Pres. Formerly: Mrs. Jean K. Eldridge, Prop., 7200 Old North Point Road, Sparrows Point 19, Maryland.

E. Sydney Katz, Pres., Beechfield Pharmacy, Inc. Formerly: Charles W. Moyers, Moyers' Pharmacy, 4700 Frederick Avenue, Baltimore 29, Maryland.

Sun Pharmacy, J. R. Brinsfield, Prop., Formerly: R. C., Annie C., R. Connally & Ella L Dodson, Center Square Rising Sun, Maryland.

Closed

Elmer Klavens, Klavens Pharmacy, 800 W. Fayette Street, Baltimore 1, Maryland.

Robert Stofberg, Pres., Marylander Pharmacy, Inc., 3501 St. Paul Street, Baltimore 18, Maryland.

SMITH KLINE & FRENCH INC.

America's Foremost Service Wholesaler

Philadelphia

Serving Northern Maryland

Wilmington

Serving the Eastern Shore

BUSINESS FACTS ABOUT FATHER'S DAY 1962, SUNDAY, JUNE 17TH

The consensus of opinion regarding 1962 Father's Day (June 17th) is that it will be, on average, slightly in excess of the Christmas 1961 type of business. Retail management was pleased with the Christmas Season but expects a more favorable trend than it saw during the fall of 1961. There seems to be a bigger pie in view.

Consumer debt in proportion to income is lower than it has been in a few years. Personal savings are at an all-time high, as is personal income.

The public wants better quality merchandise, and will want it even more strongly for 1962 Father's Day because of a more confident atmosphere all around.

There is a stronger feeling for fashion and for appropriate dressing for all forms of sport activities.

The planning for Father's Day is reflected in a more optimistic tone in order placements. A 5% increase in volume seems to be the general expectation for Father's Day. Based on the \$949 million 1961 figure, 1962 Father's Day volume should reach approximately \$990 million.

The census estimates a million more Fathers in 1962, bringing the total to about fifty-one million.

The 1962 Father's Day slogan is "ALL EYES ON DAD." This reflects the almost universality of the observance of this national American holiday. No stone will be left unturned in satisfying the public's desire to take cognizance of the head of the house. The promotional campaign of the Father's Day Council will be designed to bring out the maximum of notice, not only in stores and by merchants, but in the public relations program in all forms of communications—press, broadcasting, show business, churches and national organizations of every type.

The individual manufacturers and retailers will tie-in with this spotlighting

of Father's Day. Each will tie-in in manners of their own choosing. The Council stimulates this through the use of the mails and person-to-person contacts of salesmen and their organizations in all the fifty states.

On the non-commercial side, the official curtain raising for the Father's Day Season in 1962 will occur on May 24th at the National Father of the Year Awards ceremonies at a luncheon at the Waldorf-Astoria Hotel, New York, conducted by the National Father's Day Committee.

All forms of public observance of Father's Day will continue from May 24th to June 17th, Father's Day. The trades have agreed to begin Father's Day consumer promotion on June 1st.

PFIZER SALES AND EARNINGS AT RECORD LEVELS IN 1961

Record breaking sales and earnings and significant progress in world-wide product diversification marked the 1961 operations of Chas. Pfizer & Co., Inc., share owners are told in the pharmaceutical and chemical company's Annual Report.

John E. McKeen, Pfizer president, notes in the Report that Pfizer's world-wide sales increased \$43.1 million during the year, totaling \$312,433,262 in 1961 against \$269,376,092 in 1960. Established Pfizer pharmaceutical, chemical and agricultural products accounted for \$19.1 million of the year's increase, as sales for these product lines increased for the twelfth consecutive year.

Outstanding gains were recorded for the Pfizer antibiotics Terramycin and Tao and for Diabinese, the Company's widely accepted oral antidiabetic drug. Organizations acquired during 1961 added \$24.0 million to the year's total sales volume.

Earnings rose \$5.3 million in 1961, totaling \$31,442,905 against \$26,183,317 in 1960.



The
Burrough Bros.
MANUFACTURING CO.
Quality
Pharmaceuticals
Since 1863
123 MARKET PLACE
BALTIMORE 2, MD.



meet
TAKE-ALONG
Hassidy, pardner

This drug store cowboy is one reason your Austin stocks sell out so fast. Folks take along a package or two — back to the office, or for the trip in the car. A husky supply of Austin varieties pays off in fast turnover, repeat business, more profit! (Customer satisfaction, too.)



Austin's®
Peanut Butter Sandwiches
Cookies & Snack Varieties

Austin's
Box 1936
Balto. 3, Md.

SECOND N.F. XI INTERIM REVISION ANNOUNCEMENT IS RELEASED

The second interim revision announcement for N.F. XI has been just issued by the Committee on National Formulary and approved by the Council of the American Pharmaceutical Association. It will become effective May 1, 1962.

Dr. Edward G. Feldman, Director of N.F. Revision, notes that the announcement includes revised standards for pharmaceutical containers that are intended to protect the purity and potency of various drugs which otherwise might deteriorate and be adversely affected by exposure to light rays. In addition, the announcement serves to remove from official status certain pharmaceutical adjuncts which have been shown to possess some cancer-producing tendencies when fed in large doses to mice.

Thirty-five N.F. XI monographs are revised, several changes in the general notices and general tests section have been made, and three reagent specifications have undergone significant changes. Publication of the announcement is another step in the efforts of the N.F. Committee to give prompt attention to developments affecting the currently official edition of the N.F.

It also serves to reflect the continuous processes of revision which are now necessary in order to maintain up-to-date standards for important drugs at a time when new developments in therapeutics are occurring so rapidly.

The complete text of the announcement will be published in the April issue of the Journal of Pharmaceutical Sciences. Single copies of the second N.F. XI Interim Revision Announcement are available at no charge by addressing a request to the Scientific Division, American Pharmaceutical Association, 2215 Constitution Avenue, N.W., Washington 7, D.C.

Now! dependable **Resinol also in Greaseless form**

FOR years, Mr. Druggist, you have known Resinol in the familiar white opal jar. You have stocked and sold this ointment (containing many fine ingredients in lanolin) confident of its quick relief for itching, burning skin irritation.

NOW, by popular demand we have added another product—RESINOL GREASELESS. It contains the same fine Resinol medicants, combined in a *greaseless, stainless washable base*—and it's packaged in a handy tube.

Sell RESINOL GREASELESS this summer to take the *burn* out of *sunburn*. Cools flaming skin—helps prevent blistering—so pleasant to use. Wonderful for itching of ivy poison, insect stings, chafing, eczema.

Order from your wholesaler

RESINOL CHEMICAL COMPANY
Baltimore 1, Maryland

DRUG COUNTERFEITER ARRESTED BY FDA

A Federal court has sentenced William L. (Tex) Palmer, Sr., recently the country's principal counterfeit drug distributor, in the first of a series of Government actions against this drug racket, the Food and Drug Administration announced today.

Palmer, and his son, William L. (Bill) Palmer, Jr., of Houston, Texas, pleaded guilty two weeks ago to a one count charge of distributing counterfeit drugs. Seven other counts were dismissed.

Judge A. B. Hanna of the District Court at Houston last week sentenced Tex Palmer to six months in jail and five years strict probation. He suspended a \$1,000 fine. Bill Palmer, employed until recently by his father, was placed on five years strict probation. He was also sentenced to a year in jail and a \$1,000 fine, both of which were suspended.

FDA said Tex Palmer's operations have been traced back to the early 1950's. While operating recently in Houston as Palmer & Co., he has a record of state drug law violations in California, Arizona and Nevada.

Both Palmers have pleaded not guilty in New Orleans to a six count information involving counterfeit drugs. Trial is expected this spring.

Both likewise face conspiracy charges with eight other defendants in Newark, N.J. This case includes counterfeit drug counts against the General Pharmacal Co. of Hoboken, a bootleg drug manufacturer. The firm, which operated secretly in an old warehouse, was closed by a state police raid in May, 1960.

FDA said that General Pharmacal was the principal source of the country's known counterfeit drugs and that Tex Palmer was its major distributor. The agency added that Palmer often sold pharmacies the counterfeits from his car trunk. He also used long distance telephone calls to peddle the products as hospital surpluses available at low prices, FDA said.

The racket was concentrated on about six frequently prescribed and relatively high priced drugs.

ASPIRIN STILL MAINSTAY OF ARTHRITIS TREATMENT

The salicylates — the aspirin family of medicines — "are still the mainstay of treatment for arthritis" and, in addition to relieving pain, seem to "fight inflammation," Dr. Morton J. Rodman states in *RN* (24:68, 1961).

As a result of the analgesic and anti-inflammatory action, it is easier for the arthritic patient to move affected limbs and thereby avoid permanently-locked joints. Physicians generally prescribe important supplemental therapy, including bedrest, physical exercise and a balanced diet.

Discussing tolerance to large doses of aspirin, Dr. Rodman says that for most arthritis patients, "plain aspirin

brings excellent relief, with few side effects." Prolonged treatment with steroids, because of their potency, "may cause dangerous effects." By combining a steroid with aspirin and a muscle relaxant, smaller doses of the steroid can be given, it is noted.

The antimalarial drugs are said to have stimulated considerable interest, by proving "unexpectedly useful in combating connective tissue diseases, including lupus erythematosus and rheumatoid arthritis. Latest of these drugs is Plaquenil (hydroxychloroquine), manufactured by Winthrop Laboratories, which produces relatively few side effects. Because it takes several weeks for the first benefits to appear, aspirin is usually given to the same time in order to obtain immediate pain relief.

Dr. Rodman refers to reports in the literature citing Plaquenil with being responsible for marked improvement in up to 85 per cent of patients treated for periods of from six months to a year.

SATURATED AREAS FAIL TO DETER DISCOUNTERS

The saturation point may well have been reached in some of the nation's key mass merchandising areas but this still has not deterred other discounters from moving into these same trading communities, reports Fairchild News Service. Reports from five of the nation's thickly populated discount locales:

• **LOS ANGELES:** The concept that a good big discount operation can beat a good little one gets substantial support here.

• **PHILADELPHIA:** Multi-branch traditionalists continue to descend down the discount path while powerful discount chains are trading up. As the diverse retail groups draw closer together in image, the competitive fight hardens. Despite the outcry over satura-

tion, the building boom of both orthodox and mass merchandiser continues.

• **DENVER:** Discounters here are building and expanding with a view toward continued success. Stress, however, has been directed at **upgraded merchandise, more customer service, grocery and drug business, and private label programs.**

• **INDIANAPOLIS:** Problems of attracting consumers are increasing in proportion to the growing number of discount stores. The result has been more concentrated and competitive advertising campaigns.

• **CHICAGO:** Perhaps because discounting generally came late here, this city's honeymoon with the mass merchants still is continuing strong. What is happening is higher volume and more store openings.

MERCK ASSISTS INDIA ESTABLISH DRUG FIRMS

India's first streptomycin plant, built with technical assistance and know-how from Merck & Co., Inc., was dedicated today in Pimpri, near Bombay, by Prime Minister Jawaharlal Nehru. The new plant can produce 90,000 kilograms of streptomycin and dihydrostreptomycin a year, half of India's present need.

John T. Connor, president of Merck, called the new facility "an important arsenal in the battle against tuberculosis." This disease now claims the lives of 500,000 Indians each year. In addition to TB, the streptomycins also combat plague, dysentery, and other diseases. Local production of these drugs will save the government of India an estimated \$2 million a year in foreign exchange.

The new plant is operated by Hindustan Antibiotics, Ltd., a corporation owned by the Indian government. In addition to supplying detailed data and guidance on processes and plant design,

**Another Special Offering
To The Druggists of America
The HOMEOWNERS POLICY!
If You Are Now Insured With Us
Then Extend To Homeowners And
SAVE!**



CONSULT OUR AGENT

MAYER-STEINBERG AGENCY

Maryland State Agents

1800 NORTH CHARLES STREET

Phone—PLaza 2-2508—Office

MOhawk 4-3106—Home

Merck trained Indian technical supervisors at Pimpri and also at Merck's streptomycin plant at Elkton, Virginia. Merck and Hindustan Antibiotics have agreed to exchange additional streptomycin knowhow that either firm may gain in operation of their respective plants.

Mr. Connor and the other Merck officials also participated in cornerstone ceremonies for a new privately-owned pharmaceutical and chemical plant in the Bhandup section of Bombay. Here Merck Sharp & Dohme of India Limited, in which the Indian firm of Tata Sons Ltd. is a partner, will produce steroids, vitamins, diuretics, and other medicinals, now being manufactured temporarily in the Tardeo section of Bombay. When completed in the spring of 1963, this plant will save India additional foreign exchange dollars by local production of all Merck Sharp & Dohme of India Limited products.



BERING

Exquisite Havana Cigars

Made in Bond at Tampa, Florida

Distributed by

F. A. DAVIS & SONS., INC.

119 S. HOWARD STREET

Baltimore 1, Maryland

PHARMACY CALENDAR

May 15, 1962 (Tuesday), 9:00 P.M. Fair Trade Rally, Straus Auditorium, 7401 Park Heights Avenue. Speaker: Senator William Proxmire. Sponsored by Maryland Pharmaceutical Association.

May 17, 1962 (Thursday), 8:00 P.M. Annual Business Meeting, Alumni Association, Baltimore Union Building.

May 24, 1962 (Thursday), 10:00 P.M. Regular Monthly Meeting Baltimore Metropolitan Pharmaceutical Association. Speaker: Morris Blatman, Philadelphia Assn. of Retail Drug-gists.

June 7, 1962 (Thursday), Convocation, Banquet and Dance, Alumni Association, School of Pharmacy.

**June 25, 26, 27, 28—80th Annual Con-
vention,** Maryland Pharmaceutical Association, Galen Hall, Wernersville, Pennsylvania.

IMPORTANT NOTICE

Insurance agents for various associations and insurance companies are soliciting our members for health, accident, major medical and life insurance. Some of these agents are recommending that our members drop the American Health Insurance Company plan in favor of the soliciting agent's plan.

It is in the member's interest not to drop his Association insurance until he has checked with Roy H. Shumaker, Tel. VE 7-7561, representative of the Association plan.

Remember, you cannot retain some of the new plans offered you if you are no longer operating a pharmacy or employed by a person operating a pharmacy.

For economical life insurance, contact Frank Udoff, Tel. CH 3-1020, to learn details of the new Association life insurance plan through the Northwestern National Life Insurance Company, before you sign up for any new plans.

Obituaries

JOSEPH BRANSKY died in February 1962. He received the Phar. D. degree from the University of Maryland, School of Pharmacy, in 1914. He was a retired supervisor of the Federal Bureau of Narcotics in Pennsylvania, New Jersey and Delaware. He had been in the Bureau for 41 years before his retirement in 1960. After Second World War, he was sent to Japan for the U.S. Army to study the illicit narcotics trade. He was later made a life member of the Japanese Pharmaceutical Association. Dr. Bransky originated the mass-raid technique in the early 1950's, sometimes arresting up to 100 suspects at one time. He was a member of the International Chiefs of Police Association and of the International Association of Identification. He was a native of Baltimore and attended the 1961 banquet of the Alumni Association of the School of Pharmacy.

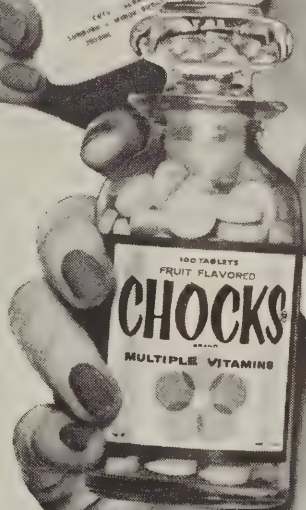
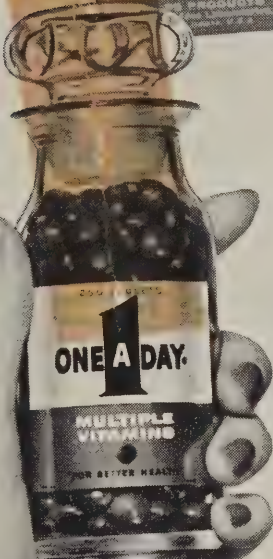
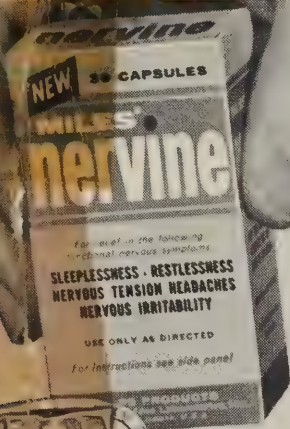
CARLETON W. HANKS, Cumberland pharmacist, passed away after association with the Hanks Pharmacy for more than 50 years.

WILLIAM H. RICHARDSON died in March 1962. He graduated from the University of Maryland, School of Pharmacy, in 1904. He owned a drug store before becoming a director of the Noxzema Chemical Company.

Other Pharmacists who passed away recently:

Edwin A. Schmidt, Ph. G. 1916, University of Maryland, School of Pharmacy.

Morris H. Yarmack, Ph. G. 1927, University of Maryland, School of Pharmacy.



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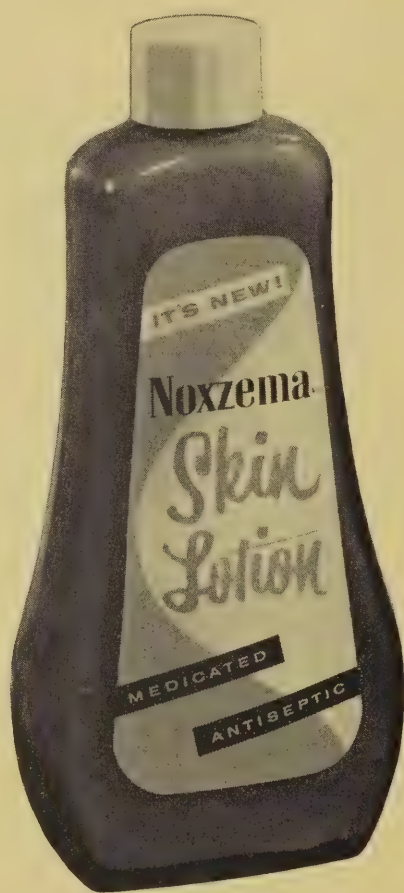


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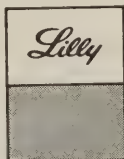
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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

VOLUME XXXVII

APRIL, 1962

No. 7

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... Editorial ...

EFFECTIVE ACTION REQUIRES UNITY IN PHARMACY

All pharmacists are agreed that we need more effective action in behalf of pharmacy by local, state and national pharmaceutical organizations. Most of the readers of this publication are already committed to pharmaceutical groups on all three levels. By now the need must be obvious to every pharmacist to support his organizations at all these levels.

In Maryland a rapidly growing number of pharmacists are supporting their professional societies.

Now our thinking must progress to another obvious stage:

There must be coordination between local, state and national societies. We do not suggest that we know the exact nature of the kind of relationship that should exist between these three levels. But there must be some kind of arrangement—affiliation, federation or other connection between all pharmaceutical associations that seek to represent pharmacists.

William S. Apple, Executive Director of the American Pharmaceutical Association, has pointed out in a letter reprinted in this issue that:

"This is the age of concentrated power, of bigness. You have only to look at labor, at government, at industry. The world has become complex, specialized and interdependent. An individual, a few voices, can hardly be heard, cannot cope with the dizzying changes and complexities. A federation of pharmacy organizations, connected by bonds of common training, views, education, goals and formal agreements, from the local level through the state to the American Pharmaceu-

tical Association on the national level, is logical, advantageous and necessary."

Let us in pharmacy not continue to ignore the road to professional strength that every other group has demonstrated assures success in achieving rightful recognition and status in American society. This road has been:

First, every practitioner a member of his local *and* state professional society.

Second, every person a member of his national professional society.

Third, formal affiliation with the national professional society.

In Maryland the Maryland Pharmaceutical Association is the professional state-wide society that represents pharmacy. The active local groups are the Allegany-Garrett County Pharmaceutical Association, the Baltimore Metropolitan Pharmaceutical Association and the Prince Georges-Montgomery County Pharmaceutical Association.

The Maryland Pharmaceutical Association will assist pharmacists in the remaining areas to re-activate or organize societies to serve the grass-roots activities of their respective localities.

To secure the legitimate interests of a profession, an individual can do little. Individuals united locally, state-wide and nationally in an affiliated network can be a force to be reckoned with.

80th Annual Convention MARYLAND PHARMACEUTICAL ASSOCIATION

Galen Hall, Wernersville, Pa.

JUNE 25, 26, 27, 28, 1962



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PRESIDENT'S MESSAGE

Dear Fellow Pharmacist:

One of the most worthwhile experiences as President of the Maryland Pharmaceutical Association was the opportunity as your representative of visiting pharmacies in western Maryland.

Accompanied by 1st Vice President Victor H. Morgenroth, Jr. and Secretary Nathan Gruz, about fourteen pharmacies were visited in Frederick, Hagerstown, Hancock and Cumberland as we journeyed a day in advance of the Spring Regional Meeting.

First of all, we received a warm reception in every pharmacy. Pharmacists, both proprietor and employee, seemed to appreciate the fact that we were taking the time and trouble to visit and discuss pharmaceutical matters with them. We are all aware that there is nothing that compares with personal contacts in an exchange of views and in furthering mutual understanding.

Second, we were all struck by the fine appearance of most of the pharmacies we visited. There were a number of professional pharmacies as well as general community pharmacies. Prescription volume per store was reported to be above the average for the state as a whole. One pharmacy employed three full time pharmacists in addition to the pharmacist proprietor. Pharmacist employees are accepted as colleagues. They enjoy professional status, serve as officers in the Allegany - Garrett Pharmaceutical Association and receive professional remuneration.

In general, pharmacy in western Maryland impressed us not only by the excellent pharmacy operations we saw, but by the satisfactions that were derived by the pharmacists-owners and employees alike.

Pharmacy has achieved fine standards in western Maryland. It is our hope that pharmacy in all of Maryland may achieve similar levels, both pharmaceutically and in its satisfactions to the pharmaceutical practitioners. Western Maryland demonstrates that pharmacy can be practiced in a spirit of service to patrons and also provide proper rewards to the profession in both professional as well as economic compensation.

Cordially,

NORMAN J. LEVIN
President

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Secretary's Script . . .

A Message from the Executive Secretary

The efforts of the Association have been necessarily directed to the immediate issue of alerting the membership to support the Quality Stabilization Bill.

Simultaneously, the other administrative and organizational programs have been conducted. In particular, the plans for the 80th Annual Convention have been completed and the Convention Committees are working to convert plans into concrete programs.

This year there are many innovations in Convention programming and entertainment. For the first time organized pharmacy will hear two opposing viewpoints of a critical health issue. There will be a program on "Medical Care Plans for the Aged—A.M.A. or Kennedy's?" The highest federal government official ever to address the Maryland Pharmaceutical Association will present the Administration's "King-Anderson" approach. He is Assistant Secretary of Health, Education and Welfare, Philip Des Morais, one of the ablest spokesmen for President Kennedy's program.

Speaking for the American Medical Association will be a top legislative spokesman from the Chicago headquarters team, Bernard P. Harrison, who will present organized medicine's viewpoint.

Another outstanding program will have as its moderator Irving Rubin, distinguished editor of the "American Professional Pharmacist". Mr. Rubin's panel on the subject of "Changing Patterns in Pharmacy" will include three outstanding practicing community pharmacists who are articulate and expert in their fields. They will discuss several of the pressing problems on the pharmacy scene. Stanley J. Buch of Lancaster, Pennsylvania, presents his experiences on the subject of "The Pro-

fessional Fee Concept in Prescription Pricing". He is the author of a sixteen page pamphlet distributed to physicians on this subject. Lee E. Eiler, owner of five apothecary shops in Ohio, will speak on "Progress for Pharmacists in Employer-Employee Relations". J. Curtis Nottingham, proprietor of two Williamsburg, Virginia, pharmacies, President of the Virginia Pharmaceutical Association and 1st Vice President of the American Pharmaceutical Association, will speak on "The Emerging Organizational Structure in Pharmacy".

Highlights of the entertainment will include an outstanding Broadway Show and a "Las Vegas Night" for everyone's pleasure. The complete program details will be printed in the May Convention issue.

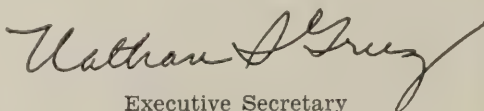
Convention Chairman Vic Morgenroth and his hard-working committee have left no stone unturned to make this the big "80" Convention. T.A.M.P.A. and L.A.M.P.A. are participating and cooperating in a magnificent manner to provide for the entertainment of all. There will be many surprises and prizes included in the special Convention rate.

Galen Hall has been expanded and refurbished and is extending itself in a grand way for your relaxation.

You have received your registration and reservation forms. Please mail them promptly to avoid disappointments.

This, the 80th Annual Convention, has been planned to combine the advancement of your interests with a pleasurable vacation. We hope you join up.

Sincerely,



Executive Secretary



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School of Pharmacy, University of Maryland, News

SCHOOL OF PHARMACY HONOR LIST

First Semester—1961-62

Dr. Noel E. Foss, dean of the University of Maryland School of Pharmacy, has announced the names of pharmacy students on the Dean's Honor Roll for the first semester of the school year 1961-62.

An academic standing equivalent to a B average is required for eligibility to the honor roll.

Students included in the list are:

Juniors

Abromovitz, Marjorie
Baker, Jeanne
Blake, David
Bradenbaugh, Don
Caplan, Yale
Foster, Barbara
Heyman, Irwin
Hopkins, Ronald
Levin, Stephen
Shargel, Leon
Ullman, Kenneth
Welsh, James
Winakur, Stuart

Seniors

Augsburger, Larry L.
Gibbon, Nancy
Gubinsky, Louis
Hamet, Sydney
Jablon, Paul
Konrad, James
Pristoop, Allan
Roth, Edward
Wagner, Harbert
Block, Lawrence H.

First Year Professional

Wynn, Richard

PERSONAL NOTES

Mrs. Eileen Fedder Goldstein, B.S. '54, has recently been appointed Chief Pharmacist at Variety Hospital at Coral Gables, Florida. Her husband, Burton J. Goldstein, M.S. '53 and M.D. at the School of Medicine in '60, is currently serving as a resident in psychiatry at Jackson Memorial Hospital in Miami, Fla. Mrs. Goldstein was Chairman of the South Florida Intraprofessional Pharmacy Seminar held in Miami, Florida in January, while serving as Chief Pharmacist, Kendall Hospital, Kendall, Florida. Proud father is Eli Fedder, Ph.G. '24.

Dr. John J. Sciarra, Associate Professor of Pharmaceutical Chemistry at St. John's University, Jamaica, N.Y., has been appointed to the National Formulary Advisory Panel. He has been a member of the St. John's University faculty since 1957 and is considered as one of the foremost experts in this country on aerosols.

Warren E. Deaver, B.S., M.S., Ph.D., '47, Dean of the School of Pharmacy, Medical College of Virginia, Richmond, is Chairman-elect of the Virginia Section of the American Chemical Society.

Ellis Myers, Ph.G. '28, Executive Vice President of Read Drug and Chemical Company, was honored at a testimonial dinner in New York City on May 1st, sponsored by the Drug, Perfume, Cosmetic and Allied Trade Division of the United Jewish Appeal of Greater New York.

Ellis Myers, Ph. G. '28, delivered a stirring address, "Progress is Our Business," at the National Association of Chain Drug Stores convention in Florida the week of April 9-12. Senator Humphrey, who followed Mr. Myers on

the convention program, stated that Mr. Myers's address was the best one he had heard for a long time in favor of the Quality Stabilization and Fair Competitive Practices Bill now pending in Congress.

Alvin N. Geser, B.S. '50, was elected as Third Vice President of the National Conference of State Pharmaceutical Association Secretaries at their annual meeting in Las Vegas, Nevada, in March.

Of all the Retail Drug Store operations in the entire United States, the Read Drug Store chain of Maryland ranked third in the nation in total newspaper linage for 1961. Total linage 1,597,545 Lines! 81.7% of this total linage was placed in Daily Baltimore newspapers . . . 18.3% Sunday . . . 3.7% went in to the Morning.

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Gillette, Gem, Razors and Blades
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2. Baltimore
3. Baltimore



1. Augsburg,
Larry L.
2. Baltimore
3. None



1. Becker,
Edward P.
2. Baltimore
3. None



1. Blaustein,
Arnold L.
2. Baltimore
3. None



1. Block,
Lawrence H.
2. Baltimore
3. None



1. Boatman,
Ernest A.
2. Baltimore
3. None



1. Calas, Andre T.
2. Baltimore
3. Florida



1. Clinger,
Richard G.
2. Pennsylvania
3. None



1. Contrino,
Gabriel M.
2. Baltimore
3. Baltimore



1. Gandel, Stephen
2. Baltimore
3. Baltimore



1. Gibbon, Nancy
2. Princess Anne,
Md.
3. Baltimore



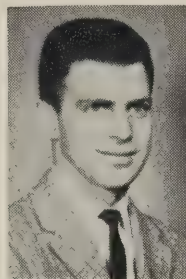
1. Grubb, John E.
2. Adelphi, Md.
3. Langley Park or
Takoma Park,
Md.

Graduating Seniors—U. of M. School of Pharmacy

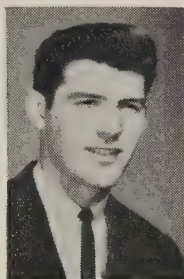
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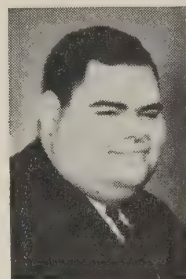
1. Gubinsky, Lous
2. Baltimore
3. Baltimore



1. Hamet, Sydney H.
2. Baltimore
3. Baltimore



1. Harrison, Gordon M.
2. Baltimore
3. None



1. Jablon, Paul A.
2. Baltimore
3. None



1. Kantorow, Bennett R.
2. Baltimore
3. None



1. Kantorski, Robert R.
2. Baltimore
3. Baltimore



1. Katz, Albert
2. Baltimore
3. Baltimore



1. Kempler, Jerold A.
2. Baltimore
3. None



1. Kern, Louis R., Jr.
2. Baltimore
3. None



1. Konrad, James G.
2. Baltimore
3. College Park, Md.



1. Lauer, Stephen L.
2. Baltimore
3. Baltimore



1. Levitt, Kelvin R.
2. Baltimore
3. Baltimore

Graduating Seniors—U. of M. School of Pharmacy

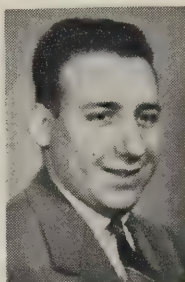
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1. Mackay,
Walter P.
2. Frostburg, Md.
3. Frostburg Area



1. Mackowiak,
Frank J.
2. Baltimore
3. Baltimore



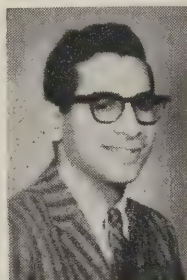
1. Maggitti,
Ronald F.
2. Baltimore
3. Baltimore



1. McKenna,
Richard S.
2. Annapolis, Md.
3. Annapolis, Md.



1. Plummer,
Robert M.
2. Churchville, Md.
3. Bel Air, Md.



1. Pristoop,
Allan S.
2. Baltimore
3. Baltimore



1. Rosen, Leon
2. Baltimore
3. None



1. Rosenstein, Sol
2. Baltimore
3. None



1. Roth, Edward B.
2. Pocomoke City,
Md.
3. Salisbury, Md.



1. Samson, Irwin L.
2. Baltimore
3. None



1. Sandler,
Charles A.
2. Baltimore
3. None



1. Sermuksnis,
Milda I.
2. Baltimore
3. Baltimore

Graduating Seniors—U. of M. School of Pharmacy

CODE: 1. NAME—2. HOME—3. EMPLOYMENT PREFERENCE



1. Serpick, David Y.
2. Baltimore
3. None



1. Smith, Dennis B.
2. Baltimore
3. Baltimore-Washington Area



1. Sophocleus, Theodore J.
2. Baltimore
3. Baltimore



1. Sugarman, Henry
2. Baltimore
3. Maryland



1. Wagner, Herbert C.
2. Baltimore
3. Metropolitan Baltimore



1. Wankel, Richard A.
2. Baltimore
3. Baltimore



1. Wolff, Donald W.
2. Linthicum, Md.
3. Maryland

WELCOME, GRADUATES AND FELLOW PHARMACISTS

The Maryland Pharmaceutical Association welcomes the 1962 graduating class of the University of Maryland School of Pharmacy, whose photographs are published in this issue. Soon you will be registered pharmacists with all the rights and privileges of licensed pharmacists. Along with these prerogatives there are professional responsibilities as pharmacists and as citizens. There are duties and obligations to the public, to employers, to other pharmacists, to suppliers, to the other medical professions and to the profession of pharmacy itself.

Ask yourself what YOU can do for

pharmacy and the act in concert with your fellow pharmacists within the framework of your professional societies. Pharmacy is a noble member of the team of healing professions. Conduct yourself honorably and professionally and you will reap the rewards of what you sow.

You are being granted complimentary membership in both the Maryland Pharmaceutical Association and Baltimore Metropolitan Pharmaceutical Association. Let us see you continue your memberships voluntarily and make your contribution to pharmaceutical progress by active participation.

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MARKS

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NOTES ON THE HISTORY OF PHARMACY IN MARYLAND

By B. Olive Cole

Many persons, organizations and conditions have greatly influenced pharmaceutical education in Maryland.

One perennial difficulty of the Maryland College of Pharmacy was the establishment and maintenance of buildings to house the College. From the organization of the College in 1841 until 1876 the College was housed in several rented rooms, including a room in the Faculty of Physic, University of Maryland, and rooms in the Medical and Chirurgical Faculty of Maryland. In 1876 the College purchased a former public grammar school from the City of Baltimore, remodelled the interior and equipped the building, including a laboratory for the course in analytical chemistry. To meet the continued growth of the College a more commodious building was erected on the same property and occupied during the session of 1886-87.

However, the College was not able to organize its finances to satisfactorily cover the obligations it had assumed. The number of students had been reduced from 150 in 1887 to 68 in 1903, with the resultant greatly diminished revenue from fees. Money which had been loaned by members of the College was still outstanding, a mortgage was due next year, and there was a persistent rumor that one of the medical colleges in Baltimore had decided to establish a school of pharmacy.

In May 1902 an Executive Committee, consisting of Charles Caspari, Jr., Henry P. Hynson, Daniel Base and David M. R. Culbreth was formed to take charge of the College. The University of Maryland had recently completed a new building on the east side of Greene Street, near Lombard, for the use of the faculties of medicine and dentistry.

The Baltimore fire of 1904 had caused a great demand for warehouse property. The Maryland College of Pharmacy sold the building on Aisquith Street and became amalgamated with the University of Maryland as the "Department of Pharmacy," opening classes in 1904-05 under an arrangement whereby the office and pharmacy laboratory were located in the new dental building. The chemistry and microscopical laboratories were located in the Gray laboratory of the medical building. Lectures were held in Gorgas Hall of the dental building and the amphitheatre of the medical building. The Department of Pharmacy was given custody and use of furniture, apparatus and material, in trust, belonging to the Maryland College of Pharmacy.

The number of students in pharmacy increased to 98 in 1915-16. Then came World War I, and despite the establishment of a short-lived Students Army Training Corps in the University of Maryland, the number of students diminished in the Department of Pharmacy until there were only 16 graduates in 1920. By an Act of the State Legislature in 1920, the University of Maryland was merged with the Maryland State College to form the State University, the old name "University of Maryland" being continued. The Department of Pharmacy became the School of Pharmacy. Student enrollment in the School of Pharmacy numbered 99 students in 1921-22 and 146 students in 1922-23.

On April 21, 1922 the Schools of Dentistry and Pharmacy received the deed for the property at 27 South Greene Street, consisting of an old church and the parsonage buildings of the Emanuel Evangelical Church. A third floor was built into the body of the church, as well as a stairway leading to the third floor. The laboratories for chemistry and pharmacy were

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moved to this building, with the churchly decorated ceiling and stained glass windows, early in November 1922. The laboratories in the dental building were used for instruction in botany, pharmacognosy, vegetable histology and bacteriology. The lower floor of the parsonage building was given over to the Women's Auxiliary Board of the University Hospital, and the Auxiliary increased its funds by serving lunches to the members of the faculties and student bodies. The Bressler Laboratories Building now occupies the space formerly consisting of the church and parsonage buildings.

The eleven graduates in September 1927 represented the last group to receive the Graduate in Pharmacy (Ph.G.) diploma from the two year course. When the session of 1925-26 opened there was a student body of 249 in the School of Pharmacy. Again additional space was needed for this number of students and for the increase in number of classes due to the establishment of the three-year course. Several prominent alumni of the dental and pharmacy groups set about to acquire additional quarters. They formed the Greene Realty Company, purchased the building at 6 and 8 South Greene Street and leased the building to the University of Maryland at a nominal rent. The four-story factory type building had ample heating facilities. A new stairway and fire escapes were provided. The dispensing pharmacy, physics and zoology groups were moved to this building, and offices for the School of Pharmacy and a small reading room, were established on the first floor. This building was turned back to the original owners in 1930.

The student enrollment in the School of Pharmacy in 1926-27 was 280. That of 1927-28 was 360. After suffering many disappointments at the hands of the Maryland Legislature in an effort to secure appropriations for a new building, the alumni and friends of the Schools of Pharmacy and Dentistry

were successful in having the Maryland Legislature of 1927 appropriate some \$422,000 for a new building at the northwest corner of Greene and Lombard Streets for the joint use of the two schools. The Legislature also appropriated \$135,000 with which to equip the buildings. The School of Pharmacy moved into the building during the Christmas holidays and classes were first held there on January 7, 1930.

The dedicatory exercises of the new building of the School of Pharmacy were held on May 10, 1930 at the Westminster Presbyterian Church, with a banquet at the Emerson Hotel at seven o'clock. In attendance were alumni and friends of the School, delegates and members of the American Pharmaceutical Association, the American Association of Colleges of Pharmacy and the National Boards of Pharmacy. These associations were in convention at the Emerson Hotel from May 5th to 9th and many persons stayed over to participate in the dedicatory exercises of the new pharmacy building. It was indeed a happy day for pharmacy and Dean Andrew G. DuMez summarized the general feeling of the alumni and friends when he said, in part, "With this new building at our disposal, the School has adequate facilities for instruction, for the development of research and for moderate expansion."

But times and plans move on, the requirements for pharmaceutical education increases, and on January 6, 1958, Dunning Hall, a building for pharmacy was completed at 636 West Lombard Street to meet the further needs of the School. The office and departments of pharmacy, pharmacology, pharmacognosy, physiology and pharmacy administration occupy the new building, the classes for organic, pharmaceutical and physical chemistry, together with microbiology and general educational subjects being retained at 32 South Greene Street.

During the next decade there will likely be demands for additional space

for advances in pharmaceutical education.

THE MARYLAND PHARMACIST TRAVELS

By B. F. Allen*

It has been stated that problems, misunderstandings, and apathy can often be traced to a lack of communications among people. When points are explained, when background is given, when individual views are exchanged, solutions are found, understanding develops, and enthusiasm fires action.

Statements have appeared that pharmacy is a dying profession and that pharmacists may become extinct. Whether we believe this or not, changing conditions and practices demand that we not only acquire newer knowledge, but also, re-acquire some of the "older" information which has been laid aside because of the tremendous exertion by research in industry, and possibly the sales department, for "new" products.^a

The author has been pursuing a very active writing program in this journal for almost four years. During this period many articles have been written on subject matter supposedly of interest primarily to the practicing pharmacist.

In this constant "battle" of trying to bring information to the pharmacist, the bulk of the topics selected and presented by the writer have been of the review nature.^b However, many of the articles have contained personal observations and experiences accumulated from the use of the materials in our laboratories. Also, several of the

reports described original research of a more limited nature.

In this effort to advance the science of pharmacy and promote interest in some of the chemical substances which have been presented, it should be noted, that in some instances the literature on their pharmaceutical applications is so extensive that a complete review was impossible.

In other cases, the full value of the compounds can only be realized after additional research or further investigation. Many of these substances have properties which lend themselves to many practical uses in the dispensing of pharmaceuticals.

Although many pharmacies are not involved in extensive compounding programs, technical information can still be used from time to time to better understand the manufacturer's product. In other words, it is just as important for pharmacists to know what they are handling, as it is for the consumers to know what they are buying.

Since the Maryland Pharmaceutical Association is striving to bring to pharmacists and the allied drug industry, information of interest to all segments of the profession and industry, it is encouraging to note that many of the articles written in this publication have aided the effort in this direction.

One of the best measures of the quality of our pharmaceutical literature is the request for reprints of the publications. It is believed by the writer that the readers of this journal may be interested in the wide-spread distribution of this publication. Instead of requested reprints being sent, the entire issue of that particular journal in which the article appeared was forwarded.

Review articles, etc., as noted have been sent upon request to the designated companies, etc., which appear in the following table.

*Associate Professor of Pharmacy, University of Maryland

^a Recently the publisher of a "new product" reference service has stated that during the coming months, data on thousands of older ethical pharmaceutical products will be included.

^b has included pharmaceutically related information in the broadest sense, as well as in allied areas.

<i>Title of Article</i>	<i>Requested by</i>
1. Pharmaceutical Applications of Chondrus Extract	1. Long Island University Netherlands
2. Water-Soluble and Water-Miscible Suppository Vehicles	2. Geigy Chemical Corp. Pharmacist (California) U.S. Vitamin Corp. Grove Laboratories, Inc. University of California Whitehall Laboratories Chas. Pfizer & Co. Czechoslovakia Julius Schmid, Inc.
3. Emulsified Ointment Bases	3. National Institutes of Health
4. The Acid Mantle of the Skin	4. Borden's Prescription Products Div. Philadelphia General Hospital Revlon Research Laboratories Bauer & Black Research Lab. U.S. Vitamin & Pharmaceutical Corp. The Kendall Co. University of California Desitin Chemical Co. Barcelona, Spain Paris, France Rexall Drug Co. (Research Div.) University of Alabama Oregon State University Yorkshire, England
5. Pharmaceutical Uses of Polysorbate 80	5. Budapest, Hungary University of Alabama University of Washington
6. The Pharmacy of Hexachlorophene	6. Givaudan Corp. Desitin Chemical Co. Ferris Institute London, England Czechoslovakia Budapest, Hungary Los Angeles, Calif. (consulting chemist) University of Alabama Valencia, Spain
7. Pharmaceutical Applications of Pectin	7. Grove Labs., Inc. Corona Lab. (Sunkist Growers) National Dairy Products Corp. Dome Chemicals, Inc. Istanbul, Turkey Tokyo, Japan

- | | |
|--|---|
| 8. Pharmaceutical Uses of Isopropyl Alcohol | 8. Trenton, N.J. (a doctor)
The Vale Chemical Co.
The Stuart Co.
Berlin, Germany |
| 9. Drug Extraction with Isopropyl and Ethyl Alcohols | 9. Trenton, N.J. (a doctor)
The Vale Chemical Co.
The Stuart Co.
Berlin, Germany
G. D. Searle & Co. |
| 10. Belladonna Leaf Extraction | 10. Trenton, N.J. (a doctor)
The Vale Chemical Co.
The Stuart Co.
Berlin, Germany |
| 11. Sodium Carboxymethylcellulose | 11. Istanbul, Turkey |

NOTE—Foreign requests were from: manufacturers, universities, laboratories and similar establishments.



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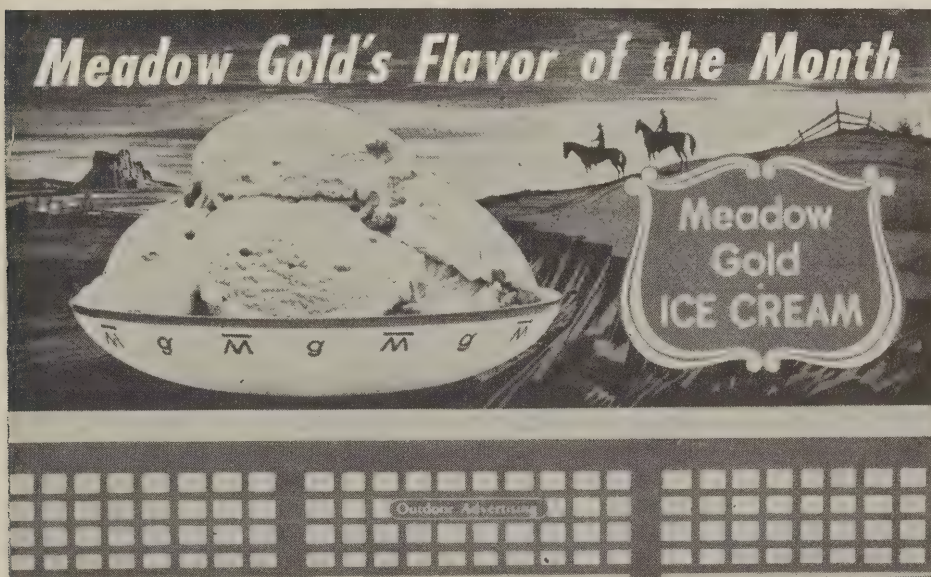
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MARYLAND PHARMACIST COMMITTEE

Ken Whitehead, Chairman
Marty Rochlin

Wilson Spilker, Board Advisor
George Brandt

Volume 20

APRIL, 1962

No. 6

This report will be relatively short in that our April meeting was devoted primarily to the lighter aspects of life.

April 7th marked "Sports Day" for the good members of TAMPA. Once again our able program committee scored in that it obtained an exclusive sound film produced by United Press Movietone News. The film covered all the major sports highlights of 1961. The first part was devoted to the best moments of our two Baltimore teams—the Birds and Colts—as they played through their respective seasons. The film then moved on to cover the Mantle-Maris duel, the series, NBA Basketball, Hockey, Skiing, Boxing and all other major sports. The film was most entertaining.

Our apologies to John Muth Mead whose name appeared as John Muth Read in the last issue due to a typographical error.

T.A.M.P.A. CONVENTION NEWS

Galen Hall—June 25-28, 1962

ENTERTAINMENT FEATURES

WILL SPARKLE

For the 80th Annual Convention of the Maryland Pharmaceutical Association, this year at Galen Hall, T.A.M.P.A.,

under President Ed Kabernagel and Entertainment Committee Chairman Sheeler Read, is going all out to insure a wonderful program of fun and entertainment.

T.A.M.P.A. has been hard at work arranging a fabulous Las Vegas night, which will take place on Tuesday evening, June 26th. All the authentic features of a rousing, bustling casino will be presented. Be sure to bring your Wild West attire.

The preceding evening, Monday, June 25th, professional square dancers will perform and then turn the evening over for square dancing for all. Gingham dresses and blue jeans will be in fashion.

An outstanding Broadway Show will be presented by Galen Hall on Wednesday night. If you remember the wonderful Spanish troupe which was featured at Galen Hall previously, this year's show promises to top that one.

Thursday night, June 28th, will feature the Convention banquet, preceded by the Cocktail Hour sponsored by the major wholesalers: Calvert, Gilpin, Loewy and Muth Brothers.

Every evening free hors d'oeuvres will be served in the Pixie Lounge.

The T.A.M.P.A. Entertainment Committee consists of:

H. Sheeler Read, Chairman
Joseph J. Hugg
Joseph L. Muth
James A. Allen
John C. Cornmesser
Bernard Ulman, Jr.
Edwin M. Kabernagel, Jr.

Along with the Maryland Pharmaceutical Association and the Ladies Auxiliary, all persons associated with pharmacy are urged to take advantage of the special convention rate: \$18.00 per person, two in a room; \$20.00 single and \$12.00 for children accompanying adults. These rates include three meals a day and all entertainment and services, including the banquet and shows.

Send your reservations in early to the Maryland Pharmaceutical Association, 650 West Lombard Street, Baltimore 1, Maryland, or telephone SA. 7-0746. All registrations are through the Association office.

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Secretary Emeritus—MELVILLE STRASBURGER

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Chairman—SAM A. GOLDSTEIN	Elected for 2 yr. term.
Still Serving 1 year	MYER STOLER
JOSEPH U. DORSCH	A. FRANK TURNER
JACOB L. RICHMAN	JEROME A. STIFFMAN
WILLIAM Y. KITCHIN	JOSEPH L. OKRASINSKI
DONALD O. FEDDER	Ex-Officio
FRANCIS S. BALASSONE,	

PRESIDENT'S MESSAGE

BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

Dear Fellow Pharmacists:

It is my privilege to report that the Baltimore Metropolitan Pharmaceutical Association had the honor of being the first pharmaceutical association to be invited to hold its meeting at the Medical and Chirurgical Faculty Building on April 26th. The newly renovated headquarters of the state medical society provided excellent facilities.

The guest speaker was Dr. Paul F. Guerin, past president of the Maryland Society of Pathology, who spoke on "The Hospital Encroachment in the Private Practice of Medicine."

This excellent meeting was arranged by Stephen J. Provenza, Chairman of the Professional Relations Committee and Jerome A. Stiffman, Chairman of the Place and Arrangements Committee.

Most of the members of the B.M.P.A. have written letters or should send telegrams to our two U. S. Senators John Marshall Butler and J. Glenn Beall, as well as to their Congressman to support the Quality Stabilization Bill. If you have not taken the few minutes of time to save your own enterprise, I urge you to do so NOW. To your Senators, the bill is S.J. Res. 159; to your Congressman, the bill is identified as H.J. Res. 636. I must also add that if you have letters sent by other businessmen of your acquaintance or in your community, it will help the cause.

In conclusion, as your president, I urge all the members of B.M.P.A. to arrange their schedule to permit them to attend the 80th Annual Convention of the Maryland Pharmaceutical Association at Galen Hall June 25th - 28th. Here is your chance to take advantage of an excellent pharmaceutical and entertainment program. Many organizational matters will be considered which affect you personally in your professional and business life. You must be present to benefit from the program and in order to be heard.

I look forward to seeing you at the B.M.P.A. and other pharmaceutical functions.

Sincerely,

JEROME J. CERMAK
President

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Knows the value of the merchandise he handles.

Knows the value of service.

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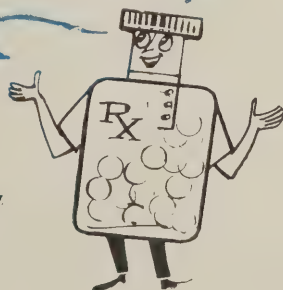
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-: NEWS ITEMS :-

APRIL REGIONAL MEETING

CUMBERLAND, MARYLAND

April 12, 1962

After the passage of a number of years, the Spring Regional Meeting of the Maryland Pharmaceutical Association was held at the Ali Ghan Shrine Country Club, Cumberland, on April 12, 1962.

The Executive Committee met in the morning. The regular meeting after lunch featured an informative address by Attorney-General Thomas B. Finan on "Pharmacy and Legislation." The operation of the Attorney-General's office was explained. He also discussed the laws affecting pharmacy which were passed at the legislative session.

M.P.A. member C. Robert Welsh, spoke on the necessity for a political information program. A motion presented by him was passed to establish a political information committee. It was seconded by Morris R. Yaffee.

Two amendments to the Constitution and By-Laws were presented. One amendment was introduced by Jerome Mask and seconded by Morton J. Schnaper to amend Article IV of the Constitution and Article V of the By-Laws to provide for a mail ballot for election of officers and executive committee who had been previously nominated at the convention, with three nominees listed for each office.

The second amendment was introduced by Victor H. Morgenroth, Jr. and seconded by Jerome Mask to amend Article IV. It would provide for a maximum of ten members of the executive committee from any one district, change District II to include Anne Arundel, Baltimore, Harford and Howard Counties and Baltimore City. District VI (Baltimore City) would then be deleted.



Attorney-General Thomas B. Finan (in center), with M.P.A. President Norman J. Levin (left) and James F. Salmon, President of Allegany-Garrett County Pharmaceutical Association (right).

PHARMACIST RISKS LIFE TO SAVE PRESCRIPTION FILES

Eddie O. Wolfe, Pharmacy Director of Co-Op Pharmacies (Greenbelt Consumer Services), was cited in the Co-Op Newsletter of April 18th as one of the outstanding heroes of a disastrous fire which demolished the Greenbelt Supermarket and Pharmacy.

Mr. Wolfe, because his home phone was listed for emergencies, was the first one notified. When he arrived, the pharmacy was almost destroyed and still ablaze. With the aid of a fireman holding a flashlight, Mr. Wolfe, at the risk of his life, rushed in and rescued the 100,000 prescriptions on file.

EMPLOYMENT SERVICE

The Association office continues to receive calls from employers and employees regarding pharmacist employment.

Register with the Secretary for professional employment service. Write or call 727-0746.

ATTENTION!

Alumni and Friends

**UNIVERSITY OF MARYLAND,
SCHOOL OF PHARMACY**

Make A Date To Attend The

ANNUAL

GRADUATION BANQUET and DANCE

**IN HONOR OF THE 1962 PHARMACY
GRADUATING CLASS**

THE HONORED ALUMNUS AWARD WILL BE
PRESENTED ON THIS OCCASION

Thursday, June 7, 1962

7:30 P.M.

**BALTIMORE UNION BUILDING
621 West Lombard Street**

Convocation at 6:00 P.M. in the Health Sciences
Library Auditorium, Lombard and Greene Streets.

—CALL YOUR FRIENDS AND ARRANGE FOR A TABLE—

LEGISLATIVE COMMITTEE

Victor H. Morgenroth, Jr., Legislative Committee Chairman, has announced the following organizational plan. Sub-committees have been formed to study specific problems and make recommendations to the full committee.

Frank Block, Co-Chairman
Sub-committee Group No. 1

Sub-committee #1: State Uniform Food and Drug Law and Senate Joint Resolution # 20.

Chairman—Jerome Mask

Members—Simon Solomon
Milton J. Fitzsimmons
Walter E. Albrecht
John F. Neutze
Max A. Krieger

Sub-committee #2: Pharmacy Ownership Laws.

Chairman—Morris R. Yaffee

Members—James A. I. Parker
Herman Taetle
A. Lester Batie

Gregory W. A. Leyko, Co-Chairman,
Sub-committee group #II

Sub-committee #3: Itinerant Vendors and Over-The-Counter Items Formerly Legend Drugs.

Chairman—Aaron M. Libowitz

Members—Jerome Block
Henry G. Seidman
Morris Lindenbaum

Sub-committee #4: Closed Door Pharmacies, Pharmacists In Physician Owned Pharmacies and Short Line Pharmacies.

Chairman—Bernard Cherry

Members—Herman B. Drukman
John F. Wannenwetsch
Hyman Davidov

All members of the Legislative Committee will continue to study the Kerr-Mills Act, the King-Anderson Bill and Sunday Sales Laws.

L.A.M.P.A. ANNUAL MEETING

It is our hope that by the time this is being read, reservations have been made, suitcases packed, and you're all set to take off for Galen Hall.

From all reports, it is evident this will be a memorable convention. In cooperation with M. Ph. A. and T.A.M.P.A., scheduled events and top entertainment have been planned with you, the conventioner, in mind.

Altho' convention time is primarily one of rest and relaxation for the ladies, we would, however, like to remind you of LAMPA's business meeting and urge you to attend.

Our annual meeting will take place on Wednesday. At this time, yearly reports will be read and election of officers for the coming year will be held. As is customary, all dues-paid members **in attendance at the meeting** will receive a gift from LAMPA.

After the meeting, a Clairol demonstration will be given, with some of our members volunteering to act as models.

FRAN ROSENFELD,
Publicity

INDUSTRY NOTES

American Cyanamid Company's Surgical Products Division has changed its name to Davis & Geck.

The reason for the change is to identify the division more closely with the trademark name under which its surgical sutures have been sold for over 50 years.

Davis & Geck has been a leading name in the suture field since 1909 when four young men founded the firm on a shoestring and the conviction that only through heat sterilization could sutures be made both strong and sterile.

Millions of D & G sutures have been produced since that time, first in the firm's original Brooklyn, N.Y. plant and, since 1953, in its modern Danbury facility. Davis & Geck was acquired by Cyanamid in 1930.

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After just four months in business, NORTH AMERICAN has outgrown its office space and moved into larger, more expanded facilities. It's all due to you—and the NORTH AMERICAN check deal! The NORTH AMERICAN CHECK deal is the best in its field—and, for a limited number of pharmacists—a debenture plan is open where you can literally become a member of the company. BEFORE YOU COMMIT YOURSELF TO ANY LONG TERM EXCLUSIVE CONTRACTS—FIND OUT ABOUT NORTH AMERICAN CHECK CORP. DEAL!



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BEN YEVZEROFF,
pharmacist

HENRY ZETLIN,
pharmacist

**PRINCE-GEORGES MONTGOMERY COUNTY
PHARMACEUTICAL ASSOCIATION
INSTALLATION DINNER**

The Prince-Georges Montgomery County Pharmaceutical Association held its Installation Dinner on Tuesday, April 10, 1962. The featured speaker was Dr. William S. Apple, who gave an inspiring address.

The new installed officers are:

President—Robert S. Sinker
First Vice-President — Dominic J. Vincino
Second Vice-President — Melvin J. Sollod
Third Vice President — Gerald Y. Dechter
Fourth Vice-President — S. W. Greenberg
Secretary — Paul Reznick
Treasurer — Richard Parker
Elected to Executive Committee for 3 year term:
Morton J. Schnaper
Herman Taetle
Gabriel E. Katz

Others on the Executive Committee are:

William L. Brunnett
N. W. Chandler
James A. I. Parker
Nicholas A. Toronto
A. Lester Batie
A. Wayne Braden

PERSONAL NOTES B.M.P.A.

Aaron M. Libowitz, 1st Vice President of the B.M.P.A., has been elected to the Board of Directors of the Maryland Tuberculosis Association. This is the first time a pharmacist has been asked to serve on the Board of the Maryland Tuberculosis Association.

Secretary Gruz has been appointed to the Mayor's Commission for Decency by Mayor Grady of Baltimore.

Stephen J. Provenza, past president of B.M.P.A., has been elected 3rd Vice

President of the Maryland Academy of Medicine and Surgery for the year 1962-1963.

**SUMMARY FOR THE MARYLAND
PHARMACIST OF
PARKE DAVIS VS G E M**

On March 26, 1962, Judge R. Dorsey Watkins, District Judge for the U. S. District Court, District of Maryland, entered an Injunction in favor of Parke Davis against G E M, Inc. for violation of the Maryland Fair Trade Law. In his opinion, Judge Watkins found that the volume sales of the manufacturer involved were vitally related to the maintenance of fair trade and that when retailers were price cutting, there was an adverse effect upon the sales of the manufacturer's product. Judge Watkins also found that damage occurs to the manufacturer when one retailer persistently sells at less than fair trade prices and that because it is impossible to establish the exact amount of damages, injunctive relief is the proper legal remedy for violation of the Fair Trade Acts.

The defendant strenuously raised objection to the enforcement of Parke Davis' fair trade program. The Court held that based on the shoppings submitted to the Court, that the Parke Davis enforcement program was effective and that Parke Davis had made a reasonable effort to enforce its fair trade program.

Edwin J. Schneider has been appointed Assistant Director of Pharmacy Operations for Greenbelt Consumer Services, Inc., which operates six pharmacies in the metropolitan area. A graduate of Baltimore City College and the University of Maryland School of Pharmacy, he also has an extensive background in the retail drug field, Mr. Schneider is a registered pharmacist in Maryland, D.C., and Virginia and a member of the Maryland Pharmaceutical Association and the Prince Georges-Montgomery County Assn.

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THE HEART OF THE NATION

By Dr. John C. Krantz, Jr.

Dr. Krantz, professor and head of the department of pharmacology at the University of Maryland School of Medicine, has been on the Maryland faculty since 1921. He has won world-wide fame for his research in anesthesia, cardiovascular drugs, and drugs used in mental disorders.

Baltimore vital statistics for the past seven years reveal the appalling fact that about 40 per cent of all deaths are caused by heart disease.

Throughout the country there is a staggering death toll of heart disease among business executives, surgeons, and other men in middle life who are shouldering the responsibilities of modern civilization. It is the heart of the nation that is at stake.

The later decades of life critically need the attention of medicine to prevent this untimely loss of skilled people. Geriatrics has not kept pace with the striking advance in pediatrics, infectious diseases, and nutrition.

Heart disease deaths in middle life follow a typical social pattern. They occur among men at the top of their careers, when competition is keenest. This loss to society of the most productive years in the lives of men at the top of their careers, when training has been seasoned by experience, is incalculable. But what can be done about it?

Corporations provide recreational facilities for labor and lounges for secretaries. The heart of the high-salaried executive—which should beat 2,500 million times, with proper care—is taken for granted.

Yet it is not physical work in the shop that causes heart disease, but the mental tensions, anxieties, and responsibilities of the executive.

The executive is the company's greatest investment and generally its most neglected. He should be made to realize

the great capital investment that he represents and be taught to care for his health through moderate living, frequent and long vacations, and careful medical supervision.

Here medicine's responsibility is urgent. In congestive heart failure the contractility and tonicity of the heart can be increased by a certain atomic arrangement. This constitutes a medical challenge—there must be some variant configuration of atoms that someday might serve as a preventive of untimely coronary attack and congestive heart failure.

Medical scientists have dedicated themselves to this problem. Basic research is also aimed at unraveling the mysteries of plaque formation in the coronary arteries and determining precisely what occurs to cells in congestive heart failure. Corrective diets for heart diseases are being developed.

Better drugs are now available to treat coronary artery diseases—for example, Isordil Dinitrate, developed last year at the University of Maryland. An effective substitute for the time-honored nitro-glycerin is now under critical trial. The outlook for the future is bright.

We must preserve the heart of the nation.

A TIME FOR EXCELLENCE . . . NOT MERE DILUTION

It is time for those who insist on excellence as a perpetual goal to stand up and say so. It is time to turn again to the kind of inspiration which projected the genius of Daniel Burnham, the world-famous architect who created Chicago's master physical plan. He said, "... when you reach for the stars you may not quite get one, but you won't get a handful of mud either."

This kind of thinking has carried our country to new heights in enabling all its people to benefit from the great works of individual initiative and freedom. In no area is this better demonstrated than in the nation's health care.

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PHARMACY BOOTH AT PHYSICIAN'S CONVENTION



The Maryland and Baltimore Metropolitan Pharmaceutical Associations exhibit at the Annual Meeting of the Medical and Chirurgical Faculty of Maryland in April. Stephen J. Provenza, Chairman, Professional Relations Committee.

FAIR TRADE STICKER NOTICES

SMITH, MILLER & PATCH, INC.

Item	F.T.M.
Bistrimate Tablets—100's	\$ 5.76
Bistrimate Tablets—1000's	51.60
Vitron C Tablets—100's	2.04
Vitron C Tablets—1000's	18.48

BAUER & BLACK

CURAD Plastic Bandages

#1337 Flesh Medicated - 31's ...	.45
#1710 Flesh Plain - 31's .....	.45
#2074 Patch & Spot - 26's .....	.45
#1292 Flesh Medicated - 35's ...	.55

CURITY First Aid Kits

#6155 Lustric Jr. Kit	\$ 1.50
#1922 Automobile Kit	4.95

CAMPANA CORPORATION

Item	F.T.M.
Italian Balm—4 oz.57
Italian Balm—9 oz.	1.00
Star Dust Compact Powder53

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Pocket Disc Carded — 12 yds. ..	.27
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Stand-Up Package Carded, 25 yds. .	.39
Stand-Up Package—100 yds.89
Stand-Up Package, Carded 100 yds .	.89
Stand-Up Package - 200 yds. ..	\$ 1.59
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DENTOTAPE—100 yds.	\$ 1.69

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SCHERING CORPORATION'S DISCOUNT POLICY

A change in Schering Corporation's present discount policy to wholesalers and direct retail accounts was announced today by Herman W. Leitzow, Schering's marketing vice president.

Effective May 1, the basic trade discount to wholesalers will be 16 $\frac{2}{3}$ percent from drug list price. "In recognition of special services and extra support," Mr. Leitzow said, "we will offer from time to time additional promotional allowances on selected products. These allowances will vary depending on the amount of wholesaler support required for a particular product."

With respect to direct retail accounts, Schering's new policy calls for a minimum annual purchase requirement of \$500.00 and a minimum single order requirement of \$50. As of April 25, all wholesale and retail orders shipped after the twenty-fifth of the month will appear on the following month's statement.

"Our new distribution policy was adopted only after long deliberation and careful study," Mr. Leitzow stated. "We are confident that the changes will increase the efficiency of our system of distribution and, at the same time, contribute to the mutual benefit and further development of the manufacturer-wholesaler-retailer team."

PRELIMINARY LILLY DIGEST REPORT FOR 1961

Through the years, the story of retail pharmacy operations has been one of growth, and professional service has been largely responsible for this trend. The preview of the Lily Digest for 1961 reveals that sales continued to grow, but the rate of growth (0.5 percent) was the lowest in recent years. A preliminary tabulation of 1,422 retail pharmacies reveals that the average sales volume was \$139,021.

The record volume of \$49,137 from the prescription department (up \$1,312, or 2.7 percent) was responsible for the entire sales increase, and it now accounts for 35.3 percent of total sales. On the other hand, prescription sales declined \$633, or 0.7 percent.

In the prescription department, refills continued their steady climb and now account for 51 percent of all prescriptions filled. The rise in refills (528, or 6.7 percent) was greater than the decline (349, or 4.8 percent) in the number of new prescriptions filled. Total prescriptions, therefore, increased by 179, or 1.2 percent, to a record level of 15,151. This growth plus the gain in the average prescription price from \$3.19 to \$3.24 contributed to the increase in prescription revenue.

Review of Retail Pharmacy Operations

In 1961, all items of expense (except proprietor's salary) remained at the same levels, percentagewise, as they were in 1960—employees' wages, 11.4 percent; rent, 2.3 percent; miscellaneous operating costs, 8.6 percent. The owner's remuneration for managing the business rose from 8.2 to 8.3 percent; consequently, total expenses also increased—from 30.5 to 30.6 percent.

Lilly Digest studies reveal that the gross margin rises as the proportion of prescription income to total sales increases. Since prescription revenue grew from 34.6 to 35.3 percent of total sales, the increase in the average gross margin from 35.8 to 36 percent is understandable. The average Lilly Digest retail pharmacy proprietor was able to convert the 0.2 percentage point rise in the gross margin into total income. In addition to the increase of 0.1 percent of sales in the proprietor's salary, the net profit figure (before taxes) rose from 5.3 to 5.4 percent. Thus, his total income (salary plus net profit) grew from 13.5 to 13.7 percent.

The inventory investment increased by \$465 during 1961 and averaged \$24,165. This dollar increase was divided equally between prescription and

nonprescription merchandise. Percentagewise, the rise in prescription inventory was about the same as the gain in prescription revenue. Therefore, the ratio of prescription inventory to total sales remained at 16.9 percent. Although there was a drop in nonprescription sales, this portion of the inventory increased, and it now represents 17.6 percent of total sales.

The average turnover rate (3.7 times) remained unchanged. This figure means that, on the average, the capital in-

vested in total merchandise stock was turned over or reinvested once every three months and seven days.

Summary

The preliminary **Lilly Digest** tabulation of the 1961 operating figures of 1,422 retail pharmacies is summarized on this page along with the 1960 operations of 1,959 stores. The **Lilly Digest** for 1961, representing a tabulation of all reporting pharmacies, will be released for general distribution on or about September 1, 1962.

AVERAGES PER STORE	1961 (1,422 Stores)	1960 (1,959 Stores)	Change and Percent of Change
Sales			
Prescription	\$ 49,137— 35.3%	\$ 47,825— 34.6%	+\$ 1,312—2.7%
Other	89,884— 64.7%	90,517— 65.4%	—\$ 633—0.7%
Total	\$139,021—100.0%	\$138,342—100.0%	+\$ 679—0.5%
Cost of goods sold	88,909— 64.0%	88,825— 64.2%	+\$ 84—0.1%
Gross margin	\$ 50,112— 36.0%	\$ 49,517— 35.8%	+\$ 595—1.2%
Expenses			
Proprietor's salary	\$ 11,514— 8.3%	\$ 11,377— 8.2%	+\$ 137—1.2%
Employees' wages	15,797— 11.4%	15,749— 11.4%	+\$ 48—0.3%
Rent	3,236— 2.3%	3,181— 2.3%	+\$ 55—1.7%
Miscellaneous operating costs	12,063— 8.6%	11,909— 8.6%	+\$ 154—1.3%
Total expenses	\$ 42,610— 30.6%	\$ 42,216— 30.5%	+\$ 394—0.9%
Net profit (before taxes) \$	7,502— 5.4%	7,301— 5.3%	+\$ 201—2.8%
Total income (net profit plus proprietor's salary	\$ 19,016— 13.7%	\$ 18,678— 13.5%	+\$ 338—1.8%
Value of merchandise inventory at cost and as a percent of sales			
Prescription	\$ 8,322— 16.9%	\$ 8,090— 16.9%	+\$ 232—2.8%
Other	15,843— 17.6%	15,610— 17.2%	+\$ 233—1.5%
Total	\$ 24,165— 17.4%	\$ 23,700— 17.1%	+\$ 465—2.0%
Annual rate of turnover of merchandise inventory ..	3.7 times	3.7 times	
Number of prescriptions filled			
New	7,239— 49.0%	7,588— 50.7%	— 349—4.8%
Refilled	7,912— 51.0%	7,384— 49.3%	+ 528—6.7%
Total	15,151—100.0%	14,972—100.0%	+ 179—1.2%
Prescription price	\$3.24	\$3.19	+\$ 0.05—1.5%

FDA DENIES USE OF PIPERAZINE OVER THE COUNTER

In the matter of exempting certain human anthelmintic drugs containing piperazine from prescription-dispensing requirements:

A. Based upon a petition filed as a new-drug application, a notice of proposed rule making to exempt anthelmintic drugs containing piperazine from prescription-dispensing requirements was published in the FEDERAL REGISTER of November 18, 1961 (26 F. R. 10811). Comments on and exceptions to the proposal have been received from a large number of well-qualified persons, and the Commissioner of Food and Drugs has concluded that such drugs should not be exempted from the prescription-dispensing requirements. The reasons for this conclusion are as follows:

1. It is plain from the comments that there exists a decided conflict of medical opinion over whether these drugs can safely be used by the laity without medical supervision. With such a pronounced division of expert medical opinion, it cannot reasonably be concluded that the prescription limitation is not necessary for the protection of the public health.

2. Comments establish that it is extremely doubtful that a layman can accurately diagnose pinworms and roundworms; nor can a layman distinguish these conditions from similar conditions, involving mixed infestations with *Strongyloides*, for which piperazine is not effective.

3. The adequate treatment of pinworms and roundworms requires not only that the affected members of the family who have symptoms be treated, but also that all other members of the household receive treatment, even though they are symptom-free. Many needless treatments of household members would occur on the basis of inadequate diagnosis made by a member of the family.

4. The effective use of these drugs requires adherence to a very carefully calculated dosage schedule. This must be calculated in terms of body weight, and the control of the dosage is too complex for the ordinary unskilled person to follow. Inadequate treatment leads to false negatives and obscures the differential diagnosis by the physician at a later date.

5. The use of this drug is attended by side effects, particularly when overdosage occurs and when prolonged treatment is attempted. Professional supervision is needed to guard against these dangers. The patient needs to be warned about hives and the significance of rash, skin eruptions, nausea, vomiting, dizziness, blurring of vision, abdominal pain, or diarrhea. Improper dosage would lead to urticaria and muscular weakness. Use of the drug by persons drinking alcohol may increase absorption, causing toxic reaction. The drug is contraindicated in the presence of kidney disorders. Adequate labeling warnings for the laity cannot be devised.

6. Careful attention to collateral measures is necessary for safe and effective treatment with the drug. Proper hygienic practices are necessary, and a professional post-treatment examination is needed to provide assurance that the medication has been effective.

B. In consideration of this proposal, the Bureau of Medicine of the Food and Drug Administration queried a large number of properly qualified experts, with the following results:

1. All 50 State health departments were contacted. Twenty-two responded; eleven were opposed; ten were not opposed. One was opposed to over-the-counter treatment of roundworms but not pinworms.

2. Experts in eight medical schools replied to the queries. Six were against; two were not against. Physicians in six hospitals responded. Three were opposed; three were not opposed. Twelve recognized experts in the field of hel-

minthology were queried. Five were opposed; seven were not opposed.

3. Representatives of the Academy of Pediatrics were opposed.

4. Representatives of organized pharmacy were generally opposed, although 71 individual drugstore owners favored the proposal.

5. Among the manufacturers who responded, two firms with established positions in the ethical promotion of anthelmintics were against the proposal; six firms were in favor. It appears that the small number of reported reactions to the drug may very properly be attributed to the fact that it has been used on prescription only.

C. The principal reason given in favor of the proposal was that other more dangerous and less effective drugs are available for the treatment of pinworms and roundworms through over-the-counter sale, particularly hexylresorcinol and gentian violet. A re-examination of the over-the-counter

status of these preparations is indicated by the comments offered on this proposal.

In view of all the comments, the Commissioner of Food and Drugs cannot conclude that anthelmintic drugs consisting of piperazine are safe for human use as provided in the proposed regulation. It is concluded that the prescription-dispensing requirements for anthelmintic drugs containing piperazine are necessary for the protection of the public health. Accordingly, the petition to exempt such drugs from prescription-dispensing requirements is denied. The effectiveness of the new-drug application also must be denied.

ACKNOWLEDGMENT

We are grateful to Paramount Photo Service for furnishing the photographs of graduating students published in this issue.



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PUBLIC RELATIONS MATERIAL AVAILABLE TO PHARMACISTS

Nearly 30 kinds of free or low-cost public relations and promotional aids for retail pharmacists are available from Abbott Laboratories to all pharmacies qualifying for the company's Reliable Prescriptions and Prescription Specialists programs.

"These materials help the pharmacist meet criticisms about prescription prices at the local level, and they assist him in promoting his professional pharmacy as the best place to have prescriptions filled," said Joseph S. Rowe, Manager of Abbott's Drug Trade Department. "They represent the most extensive public relations program offered to the retailer by any pharmaceutical manufacturer."

Many of the completely new 1962 materials emphasize the facts about prescription drugs: costs, quality, research. These themes are carried in laity leaflets that can be handed to or mailed to customers, mailings to physicians, newspaper advertisements and radio scripts. All these materials are free.

For pharmacies desiring to coordinate advertising themes on book matches, delivery envelopes and labels, letterheads, envelopes and sealing tape, these items are available at Abbott's cost. Free promotional materials include special occasion cards, identification badges, doorknob hangers and personal tax record folders.

All materials carry the individual pharmacy's imprint.

A kit illustrating all available items can be seen by consulting the local Abbott representative.

AMPHETAMINE-BARBITURATE CONTROL BILL

The prescription drug industry appealed to Congress for swift enactment of the Dodd-Wiley amphetamine barbiturate control bill.

Austin Smith, M.D., president of the Pharmaceutical Manufacturers Association, wrote Sen. Dodd (D-Conn.) that drug producers "are completely in sympathy with the needs of the Federal Government to provide maximum protection to the citizens of this nation against any illicit, unethical or harmful practices in the sale, distribution or use of drugs."

Dodd is chairman of a Senate subcommittee to investigate juvenile delinquency. He and Sen. Wiley (R-Wisc.) introduced their bill to tighten Federal enforcement powers last year following extensive hearings on juvenile delinquency and unauthorized sales of so-called "pep pills."

The measure (S. 1939) would double present penalties—\$1000 and a year in jail—for illegal sales. It would require all manufacturers, compounders and processors of amphetamines and barbiturates to register with the Secretary of Health, Education and Welfare. And all unauthorized handlers of such drugs would have to keep a record of transactions, including the names and addresses of all purchasers except licensed medical practitioners.

"We are just as strongly opposed to harmful distribution practices as you are," Dr. Smith told Sen. Dodd. "We want them ended. We want to see the wrongdoers criminally prosecuted and punished. We believe the enactment of this legislation provides a means for stopping these wrongful practices in amphetamines and barbiturates."

The Dodd-Wiley bill is pending before the Senate Labor and Public Welfare Committee. Dr. Smith also wrote its chairman, Sen. Hill (D-Ala.) urging that hearings on it be held as soon as possible.

**A GOOD ASSOCIATION DOESN'T
"JUST HAPPEN"
ALL THE MEMBERS MUST WORK FOR IT**



In a world of threat and tension, of consumer clubbing, of advertising harangue, of "let the buyer beware," it's nice to know that product **quality** is still the most profitable ingredient. **YOUNGS RUBBER CORPORATION**



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THE PHARMACIST'S LIFELINE**"His Wholesaler"**

By David Estrin, President
District Wholesale Drug Corp.
 Washington, D. C.

Have you ever given much thought to your Service Wholesale Druggist in relation to your own business?

Try to project the operation of your business without the dependable daily flow of merchandise from your Service Wholesale Druggist. And with this in mind, can you overlook the other additional services that he offers; such as credit extensions, special pharmaceutical handling and deliveries, merchandise programs, counseling on store location and layouts and many others?

It should not be hard for you to visualize the chaos that would result from the absence of the services rendered by your Service Wholesale Druggists:

You would have to place orders for hundreds of different items, receive hundreds of separate shipments that you would have to store in your inventory, handle hundreds of bills to be paid, employ extra people to do this additional work, and invest a large amount of additional capital needed to handle the increased inventory that would necessarily develop. In addition bear in mind the fact that many deliveries to you would be slowed up which would cause a good many shorts that would disappoint many of your customers and perhaps lose their business.

Again, I ask you to visualize these additional possibilities. You can operate your pharmacy without a fountain, without a tobacco and candy department and without a single need for purchasing anything from a manufacturer direct and still make a profit in your pharmacy operation.

But you cannot run a pharmacy without a Prescription Department and you cannot give good Rx service without using the facilities of your Service

Wholesale Druggist. There is no question that, if you keep thinking about these possibilities, you will realize how important your Service Wholesaler is as a lifeline to you, the pharmacist.

—Reprinted from the "Bi County Pharmacist," publication of the Prince George-Montgomery County Pharmaceutical Association.

STERLING DRUG REPORTS RECORD EARNINGS AND SALES IN 1961

Sales and earnings of Sterling Drug Inc. and consolidated subsidiaries established new records in 1961, according to the annual report. The report notes that earnings attained record levels in each of the four quarters of 1961, and that third quarter net profit is an all-time high for any three-months' period in the company's history.

Net earnings for the year were \$23,-464,000,, an increase of 5.6 per cent over the \$22,214,000 reported for 1960. These earnings were equivalent to \$2.95 per share, compared with \$2.80 in 1960. Earnings before taxes were \$47,064,000, compared with \$45,214,000 in the previous year. Net profit in the third 1961 quarter, the highest for any three-months' period, was \$6,603,000.

A comparative summary of total world-wide (including consolidated and non-consolidated) net sales by product categories is shown below:

	1961	1960
Medicinal Preparations:		
Proprietary products advertised to the public	\$123,015,000	\$115,233,000
Pharmaceutical		
specialties	90,043,000	82,123,000
	<hr/>	<hr/>
	\$213,058,000	\$197,356,000
Industrial		
Products	26,020,000	25,375,000
Other Consumer		
Products	19,820,000	19,872,000
	<hr/>	<hr/>
	\$258,898,000	\$242,603,000
	<hr/>	<hr/>



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Tell them you saw it in "The Maryland Pharmacist"

ABBOTT LABORATORIES ENFORCE FAIR TRADE

Judge R. Dorsey Watkins of the U. S. District Court for Maryland has issued an injunction permanently restraining G.E.M., Inc. from selling any products of Abbott Laboratories below established fair trade prices in Maryland.

G.E.M., Inc. operates "closed door" discount department stores in Baltimore, Bethesda and Hyattsville.

In the course of his opinion, Judge Watkins rejected arguments of the defendant's counsel, that Abbott Laboratories had abandoned its fair trade policy by permitting retail drug stores to give discounts to their own employees. The court found that such employee discounts are the general custom of the retail trade and are not a violation of fair trade legislation. In fact, it was noted that Abbott conducts a vigorous enforcement of its fair trade program.

MARKETING REVOLUTION IN TOILETRIES

Calling for immediate recognition of the current marketing revolution of greater scope and intensity than that which saw the supermarket supplant the corner grocery store, David J. Mahoney, executive vice president of Colgate-Palmolive Company delivered the keynote address to hundreds of executives attending the 11th annual convention of the Toiletry Merchandisers Association.

"The need is for new and imaginative marketing concepts," Colgate's chief marketing expert said. "Today's fantastic idea may well become tomorrow's reality. There will be drastic changes in the days ahead and I believe the sky will literally be the limit in the 1970's. As a matter of fact," he added, "here at Colgate we anticipate at least 50 percent of our sales will come in the next decade from products not now in existence."

Among the challenging questions Mr. Mahoney lobbied to the professional merchandisers were two involving elec-

tronics shopping and expanded curbside market service.

"Where do you fit into the picture of the 1970 housewife who may buy electronically from her home after shopping via her television screen, beamed to her on a closed circuit from tomorrow's super-supermarket?", he asked the merchandising experts.

"And what about the concept that may bring selected departments of the super-supermarket to the consumer in the form of huge mobile trailers which permit curbside shopping outside the consumer's home?"

Noting that marketing ideas which might be "right around the corner" may involve the more diversified use of the nation's hundreds of thousands of service stations and drive-in theaters, Mr. Mahoney insisted that "we must build new and more productive businesses through which to serve the consumer."

Pointing out that not only the housewife of the 1970's will dictate to a greater degree than ever before the way in which her marketing will be done, the Colgate executive also suggested the possibility of super-shopping in on-the-job locations better to serve the female working population, expected to double in the next decade.

In concluding his address, the Colgate executive warned the merchandising experts that they must push themselves forward or circumstances will push them out.

In the creative drive to improve the marketing processes, Mr. Mahoney said, "both of us—merchandisers and manufacturers alike—must travel the road to better consumer service and convenience together."

ON THE HUMAN COST OF ACCIDENTS

"Behind each cipher on a piece of paper lies suffering and sorrow. This attention to the individual as a creature of God with a divine spirit, not as a mere statistic, is the hallmark of our society."—Labor Secretary Arthur J. Goldberg.

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NOTICE
MER/29 WITHDRAWN FROM
THE MARKET

MER/29 (triparanol) has been withdrawn from the market.

This decision is based on reports of side effects.

Pharmacists are requested to stop dispensing or refilling prescriptions for MER/29 at once.

Present stocks of MER/29 may be returned to The Wm. S. Merrell Company, Cincinnati 15, Ohio, enclosing an itemized statement for full credit.

COMPARISON OF KERR-MILLS ACT AND
KING-ANDERSON BILL FOR MEDICAL
ASSISTANCE FOR THE AGED
1962

Kerr-Mills Act (HR12580)

Coverage

OAA recipients and aged persons who are not recipients of old-age assistance but whose income and resources are insufficient to meet some or possibly all costs of necessary medical services.

Estimated number of beneficiaries - 16,000,000.

Benefits

State provides eligibles with:

- Hospitalization
- Nursing homes
- Private duty nurse
- Home care
- Physical therapy
- Dentist
- Laboratory & X-ray
- Drugs
- Physicians

Administration

By the states by a single state agency.

Financing (a)

Federal government under open end formula pays to state 50 to 80 percent of funds used for medical payments in excess of the monthly benefit of \$65 up to a maximum monthly benefit of \$77, covering all costs of services listed in Act.

King (H.R. 4222) - Anderson (S.909)
Coverage

Everyone aged 65 or over who is eligible for Social Security or railroad retirement benefits (including those who could qualify for cash benefits except self supporting incomes exceed "work test" maximum).

Benefits

14, 240,000 (1963 est.)

90 days hospital care subject to deduction of \$10 for 1st 9 days.

120 days nursing home care per benefit period plus 2 days for each unused hospital day. Maximum, 180 days.

240 days a year home health service. Outpatient diagnostic services, subject to a deductible \$20 for each study.

Administration

Secretary of HEW.

Financing

Increases OASDI taxable wage base from \$4,800 to \$5,200; provides for rate increase beginning in 1963 of 1/2 of 1 percent of wages; 3/8 of 1 percent of 1st \$5,200 for self-employment.

Summary Comparison of The Kerr-Mills and King-Anderson Proposals

Administration — The King-Anderson proposal would provide administration by the Federal government under the Secretary of HEW, the Kerr-Mills Act is administered locally by the states.

Financing — The Kerr-Mills Act is financed by Federal appropriation to the states for over 50% of expenses. The King-Anderson bill would be financed by increasing social security taxes.

Benefits — Kerr-Mills is the only bill to provide coverage with physicians, private duty nurses, physical therapy, and dentists services. The King-Anderson bill benefits are hospitalization, nursing home care, and home health services, provides the least benefits in these areas.

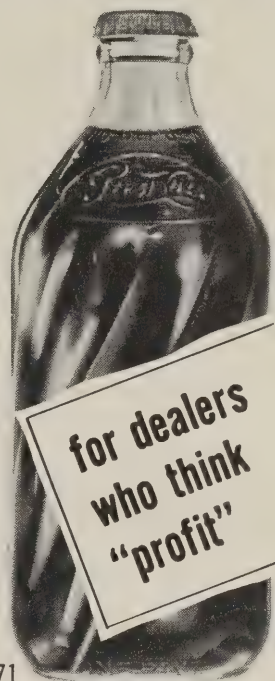
(a) Financing methods for OAA provisions not included.

Prepared by Tax Foundation, February 7, 1962.

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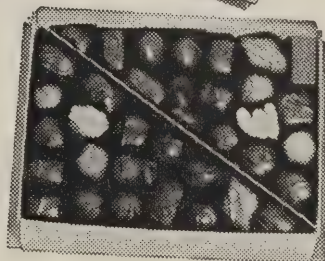
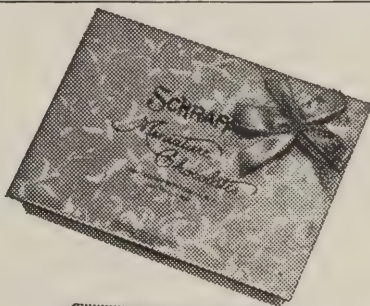
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DRUG STORE CHANGES

The following are changes in drug stores for April:

New Stores

Read Drug & Chemical Company, Arthur K. Solomon, Pres., 2403-05 Frederick Avenue, Baltimore 23, Maryland.

Peoples Service Drug Stores, Inc., No. 64, R.D. Gibbs, Secty., 12209 Viers Mill Road, Wheaton, Maryland.

DEATH RATE FROM ACCIDENTS DECINING, H.I.F. REPORTS

Even though an estimated 91,500 Americans died as a result of accidents last year, this was an improvement over 1960 when the total was higher by about 1,500 deaths, Health Information Foundation reported today. The Foundation also said that when final 1961 figures are reported by the National Safety Council it is possible that total accidental deaths may be even lower than the current estimate.

In the March-April issue of its statistical bulletin, *Progress in Health Services*, the Foundation reported on trends in accidental deaths and disability. "The remarkable stability in number of deaths from accidental injury since the late 1930s masks a considerable decline in the death rate," the bulletin said. And when accidental deaths are measured against "the numbers in our growing population, it is evident that the risk of dying from accidental injury has declined sharply."

In recent years, accidents consistently have ranked fourth among leading causes of death, the Foundation reported. They have been exceeded in rate of mortality only by such major illnesses as heart disease, cancer, and cerebrovascular lesions (mainly cerebral hemorrhage).

In 1960 accidents caused somewhat over 5 per cent of all deaths in the United States," the bulletin said. According to estimates of the National

Safety Council, there were about 9½ million disabling accidental injuries that year, including 360,000 that resulted in some degree of permanent impairment.

"In dollars, total accident costs (including property damage, wage losses because of inability to work, etc.) were estimated at about \$13.6 billion," the bulletin said.

Fatal accidents on the job have declined sharply in spite of a greatly expanded labor force, the bulletin reported. The work accident death rate in 1960—22 deaths per 100,000 workers—set a record minimum at just over half the peak rate of 43 in 1937.

There has also been a substantial reduction in mortality from public accidents—nonmotor-vehicle accidents that happen in public places—although Americans spend increasingly more time participating in sports and recreational activities. There were about 21,000 deaths from accidents in this category in 1928, but the figure had dropped to 16,500 by 1960.

"Domestic scheduled airlines have a superior accident record," the bulletin reported. "Over the last 20 years, the average annual death rate per 100 million passenger miles on these carriers was cut by 87 per cent, from 7.80 in 1933-37 to 1.01 in 1960."

"An equally heartening story can be told about progress in railroad safety—passenger trains currently provide one of the safest means of passage, with a low 0.16 deaths per 100 million passenger miles."

Accidents in the home accounted for nearly 30 per cent of all accidental deaths in 1960, according to the bulletin, and almost half of the home accidents in 1960—12,200—resulted from falls, primarily involving persons 65 years of age and over.

Motor-vehicle accidents now account for a large proportion of accidental deaths—38,200 in 1960, with a preliminary estimate for 1961 of about 38,000. Considering the growing importance of

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motor vehicles in American life and the phenomenal increase in mileage travelled, however, safety in motor-vehicle travel has actually increased substantially since early in the century, the bulletin said.

"The National Safety Council, the National Fire Protection Association, the American Red Cross and numerous other voluntary and governmental associations and agencies, as well as large industries, have done an outstanding job in developing accident consciousness and in creating safer working, home, and recreational environments," George Bugbee, President of the Foundation, said.

"The greatest opportunity for further progress," Mr. Bugbee added, "rests on more public education to prevent accidents in the home. This is the area in which we have achieved the least, where safety depends on the individual's foresightedness to protect himself. Obviously, such accidents, so frequently preventable, so often tragically fatal, can be reduced in number only as safety-consciousness is emphasized continually to our entire population."

STATE WELFARE AID TO THE AGED

Since it contributes in no small measure to the social and economic problems confronting modern society, the task of providing adequate welfare care for an increasing number of older citizens will require prudent fiscal planning. Rapid population growth and greater longevity, brought about by better living conditions and improved medical care, have greatly increased the number of people in the older age groups. In 1950, the 65 and over age group in Maryland numbered 163,154. By 1960 this figure had been increased by 38.5% to bring the total to 226,539. Estimates of the Maryland State Planning Department indicate that by 1970 the number of individuals in this group will be approximately 284,000.

Net expenditures for old age assistance in fiscal 1950, according to State welfare officials, amounted to \$5,173,637, providing an average monthly number of 11,957 needy aged citizens with an average monthly welfare payment of \$36.06. The latest 1961 State Department of Welfare annual report reveals that net expenditures for this same purpose have increased to \$6,610,769, reflecting an increase of 28% over the eleven-year period. The average monthly payment which increased to \$57.38 is 59% greater than for 1950.

These developments of the last decade appear to indicate that the maintenance of this program in the future will impose an even greater financial burden. However, an optimistic trend has now become evident. Analysis of State welfare records indicate that since 1950 the number of older citizens receiving State welfare assistance has steadily decreased. From a monthly average of 11,957 in 1950, this number has been reduced to 9,601 in 1961, a decrease of 20%. Indications are that this trend can be expected to continue and will result in a still greater reduction.

Such a decrease in State welfare cases, at the same time that Maryland's population is increasing, reflects a substantial improvement in the economic status of that group. Needless to say, this situation can stand further improvement, but the results experienced over the last decade are most encouraging. Because of improved general economic conditions, more families are able to provide care for their own aged members. Increased Federal aid in the form of more and larger Social Security payments has also helped considerably. The State's position of encouraging the relaxation of retirement age limits, thus extending the period of full earning capacity, will also contribute in some measure toward the improvement of the economic welfare of the senior citizen.

In an effort to provide some insight into the future aspects of this par-

icular problem, trends in the number of the aged receiving State welfare aid and the cost to the State of providing such assistance over the last decade, were both fitted to mathematical curves characteristic of their change between 1950 and 1960, and then projected to 1970. The results confirm this trend towards a decreasing number of such aged welfare recipients and indicate that by 1970 their number should be reduced to between 7,500 and 8,000. However, this trend towards higher State monthly welfare payments will also continue, with the result that by 1970 the average monthly check may total approximately \$70.

Assuming a continuation of the marked improvement in economic conditions in Maryland and the nation and also some degree of confidence in the projected trends, there is a strong possibility that the cost to the State of providing such welfare aid to the needy aged in 1970 will not exceed, to any great extent, its cost in 1961. It appears that the cost of the increasing net expenditures will in large part be moderated by the decreasing number of aged seeking such State welfare assistance.

CLIPPINGS FROM READINGS

It is fashionable now to attack the medical profession—on the theory that if you say it long enough, it will be believed. And by golly the "pols" are right in this respect; old lies don't fade away, they're just repeated. The attacks generally try to establish the fact that while some individual members of medicine have contributed a great deal to the country, the entire profession is backward either medically or politically or both. What the profession has contributed to the welfare of this country is enormous. Non-dramatic, plodding hard work and prudence in action make no headlines, and this is not fashionable either. Yep, everything has got to be easy and comfortable or it isn't fashionable. So said the Roman citizens to their paid mercenaries while the

Visigoths were overrunning their empire in 410 A.D.—Editorial, Bulletin of Hartford County Medical Association.

Physicians are engineers of adaptation. They direct and guide mind and body toward a responsible, happy acceptance of the world as it is and one's place in it. The medical profession stands for adaptation through choice, not conformity by the force of misdirected public opinion. The tremendous population increase, together with accelerated communication, enforces rapid adaptability and stresses which even the best physical organisms and minds find difficult to meet. Therefore, stress becomes the new factor in disease of both body and mind, as well as the body politic. The physician, having conquered bacteria, now rises to meet the challenge of stress and begins by teaching the principles and techniques of adaptation. — Connecticut Medicine.

BEST PUBLIC RELATIONS Rx EVER WRITTEN By Edgar A. Guest

If I possessed a shop or store,
I'd drive the grouches off my floor.
I'd never let some gloomy guy
Offend the folks who came to buy;
I'd never keep a boy or clerk
With mental toothache at his work,
Nor let a man who draws my pay
Drive customers of mine away.
I'd treat the man who takes my time
And spends a nickel or a dime
With courtesy and make him feel
That I was pleased to close the deal,
Because tomorrow, who can tell?
He may want stuff I have to sell
And in that case then glad he'll be
To spend his dollars all with me.
The reason people pass one door
To patronize another store,
Is not because the busier place
Has better silks or gloves or lace,
Or cheaper prices, but it lies
In pleasant words and smiling eyes;
The only difference, I believe,
Is in the treatment folks receive.

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Obituary

L. MANUEL HENDLER

Pharmacy in Maryland lost a long-time true friend with the death of L. Manuel Hendler on April 11, 1962. He was a member of the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association. Mr. Hendler, who was 77, died at his home at 913 Lake Drive. He had been ill for several weeks.

Retiring as president of his ice cream company in 1955, he was known for his many charitable and civic activities as well as for many business enterprises. It was Mr. Hendler who started the custom of offering free ice cream to institutions at Christmas time.

He was a trustee of the United Appeal from 1938 to 1946; a trustee of Morgan State College; a member of the Maryland Historical Society, and vice president of the Baltimore Association of Commerce. He was active in the Baltimore Safety Council, the Boy Scouts and the National Foundation.

Only last year he was awarded a plaque for his 'outstanding services to scouting' and was elected to life membership in the Baltimore area council.

Mr. Hendler was a director of the Borden Company and a member of the board of the Wisconsin Central Railroad Company. He was also on the board of the International Association of Ice Cream Manufacturers.

He participated in numerous fund-raising drives. He was national vice president of the United Palestine Appeal and a director of the American Red Cross since 1930.

Mr. Hendler, in 1930, was a member of State committees to advise on workmen's compensation laws and tax legislation. He was a thirty-second degree Mason.

Mr. Hendler, a native of Baltimore, founded the ice cream company, which is now at 1100 East Baltimore Street, in 1905. His son, Albert, has headed the company since 1955.

Last year, Mr. Hendler was awarded an honorary doctor of laws degree by Morgan State College. Four years earlier, he was presented with a plaque by the Red Cross. In 1951, former Mayor Thomas D'Alesandro presented him a scroll expressing the city's appreciation for his contributions to the ice cream industry.

Besides the son, Mr. Hendler is survived by three daughters, Mrs. Joseph Kolodny, Mrs. Bernard Trupp and Mrs. Leslie Legum; three sisters, Mrs. Anna Biron, Mrs. Lillian Goldstone and Mrs. Fannie Levin; two brothers, Bernard R. and Lewis Hendler and eight grandchildren.

"Manny" Hendler cooperated with and assisted pharmacists both individually and through the pharmaceutical associations.

Several years ago, L. Manuel Hendler and Family established a loan fund in memory of Mrs. Rose Hendler for needy students at the University of Maryland School of Pharmacy.

In tribute to his memory, little more can be added to the following editorial reprinted from THE SUN of April 14, 1962:

"When Manny Hendler, as he was known to so many, made ice cream, he made it a happy product. Ice cream to him was a treat, and he made it so for others, distributing it freely not only among his legion of friends but among hospitals and other institutions on holiday occasions. When he made money, he regarded that as well as a happy product, to be distributed among his many civic, charitable and educational interests. Mr. Hendler lived a useful, charitable and satisfying life right to the end of his 77 years. Few of us will do more, or be so well remembered."



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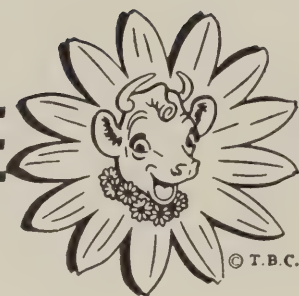


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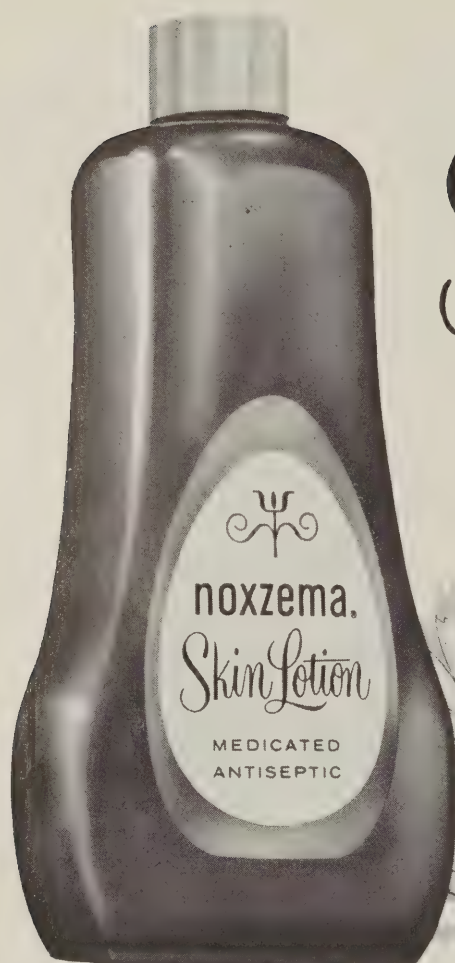
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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XXXVII

MAY, 1962

No. 8

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... Editorial ...

Your Association receives endless phone calls, letters and visits regarding the problems we in pharmacy are facing. Naturally everyone wants instant push button solutions.

Solutions, we believe, will be eventually achieved by what each one of us DOES as an individual and what we do collectively through our Association.

But one fact that strikes us forcefully is how intertwined are the professional and economic aspects of our problems. For instance, we are appalled at how some pharmacists will associate themselves with enterprises which exploit the pharmacist's professional birthright by using prescription services as a traffic builder or merchandising gimmick. These emporiums are looking for "volume" in the number of prescriptions filled. Some will not compound prescriptions or dispense other

than a certain quantity per prescription. There are economic repercussions to the many fine community prescription pharmacies that provide SERVICE to the sick. But most important are the public health implications . . . do the cut throat operators, manned by pharmacists who sell themselves to the highest bidder, stand ready to go to any extreme to obtain unusual drugs, provide drug information to physicians, deliver medication or extend credit when necessary?

It seems that in order for the public to receive the pharmaceutical service of the highest caliber, pharmacists who are concerned will demand and create the machinery within both their professional societies and governmental regulatory bodies to protect the public interest and permit the discharge of the profession's responsibilities.

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Everything you need for entering is contained in the Melozets "Diet-Balancer" Display Kit shown here. Rules, entry blank, display ideas and a variety of display materials are all included in the Kit. It's absolutely free. Just use the coupon here. Be sure to act now because the Contest closes on June 30, 1962.

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Please send a free Kit with everything I need to enter.

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President's Message

Dear Fellow Members:

The Annual Convention of our Association June 25-28 at Galen Hall is the important highlight of the year to the pharmacists and allied industry in Maryland. It is gratifying that so many have already registered and I hope that by this time you have also completed your arrangements to attend. However, if you have not as yet made reservations, you may still contact the Association office. We will make every effort to satisfy your requirements.



We are fortunate in having energetic, hard working committees to assure the success of our Convention. These have been sparked by the infectious enthusiasm of General Chairman Vic Morgenroth, T.A.M.P.A. President E. Kabernagel, his Entertainment Chairman Sheeler Read and L.A.M.P.A. Helen Kaminski. Together with Secretary Gruz, they have arranged a program of both professional value and enjoyable entertainment features.

The Convention plan affords all of you an opportunity to slip away for a short vacation. In addition, families and friends of members are cordially invited to take advantage of the special package deal which is being offered at Galen Hall.

As my term of office approaches its completion and climax at the Convention, I can say that although there have been hectic times and crises, the many fine officers, committeemen and members have balanced this aspect of association work with their devotion, service and friendship.

I feel confident that in the years ahead, with the many devoted and conscientious members we have stepping up into leadership who will be working with our sincere and cooperative executive secretary, we in pharmacy will be able to accomplish a great deal in Maryland. It is my intention to continue to contribute to the attainment of association goals in any way I can.

I look forward to personally welcoming you to the 80th Annual Convention of the Maryland Pharmaceutical Association.

Sincerely,

NORMAN J. LEVIN
President



BAYER ASPIRIN is the most widely used brand of medicinal preparation in the world. If the BAYER ASPIRIN tablets sold only in the United States during 1961 were placed side by side, they would circle the earth nearly twice!

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Secretary's Script...

A Message from the Executive Secretary

I approach my "first" convention as your secretary at the end of a fast half-year in office with many mixed feelings.

First, there is a recognition, confirmed by the experiences of this brief period, of the tremendous and continuous tasks that the Association is called upon to perform by its membership for the profession as a whole and in compliance with individual requests for service. In addition to the heavy routine administrative, publication and general association work load, new problems and emergencies that must receive attention are common occurrences.

Working within the limitations imposed by having far less than 100% support from pharmacists and allied personnel, we strive to serve the needs of the profession and its members. Fortunately, more and more of our people are seeing the necessity for joining their colleagues in their professional society.

Second, there is the appreciation of the good will, devotion, desire for cooperation, sincerity, willingness to serve and unselfishness on the part of so many members . . . officers, chairmen and others.

It is the spirit of these members which compensates for the obstacles, frustrations and apathy that plague so many of our efforts to elevate the profession.

From my increased contact with the young people studying pharmacy and entering the profession, I am optimistic about the long-term future of pharmacy. I believe that the people entering the profession today and in the next few decades will be motivated and will act so that eventually the profession of pharmacy will more effectively perform its public health functions. There will also be greater utilization

of the human resources and potentialities of pharmacists. There will be greater public recognition and higher status.

Yes, I sincerely believe that the storms of the present will pass and, after the dust has settled, more pharmacists than ever will be serving humanity in the capacity in which they are trained . . . as pharmacists.

In closing, I earnestly hope that we will have the opportunity for fellowship and relaxation together at our Convention. See you there!

Sincerely,

Nathan S. Gruy
Executive Secretary

CHALLENGE

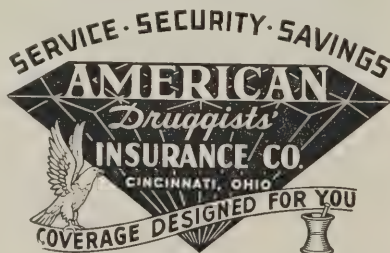
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A MESSAGE FROM THE GENERAL CHAIRMAN OF THE CONVENTION



VICTOR H. MORGANROTH, JR.

The 80th Annual Convention of the Maryland Pharmaceutical Association will be held this year in the cool hills of the mountains of Dutch Pennsylvania at Galen Hall, Wernersville, on June 25, 26, 27 and 28th. With the sand still in our shoes from Atlantic City, this will afford a great opportunity to walk through the cool grass of the mountains as a welcome alternative.

The best part of Galen Hall to the interest of everyone is its facelifting with almost 100% air conditioning, which has finally been accomplished at great expense to the management, but done so for your comfort. This in itself calls for your attendance, but the many problems of pharmacy and the possible solutions at this Convention will be 100% reason for attendance.

The programs arranged should provide almost all of the answers for the

coming year. The sociological welfare problems facing us and the nation will be discussed from both sides by the Government and the medical association. The attendant problems of pharmacy, pharmacy employee relations, fee systems, Federations, etc., will be completely studied for your satisfaction.

TAMPA and LAMPA will hold their usual meetings and will provide their usual wonderful entertainments.

If ever your support is needed and if ever strength in numbers is to mean anything, support and attendance of this Convention is of the utmost. This year it is not "Won't you please attend" . . . you must be there!

As general chairman of the Convention, I have had splendid support from the members of LAMPA and TAMPA, especially Sheeler Read, who is chairman of the TAMPA Entertainment Committee, and from our President Norman J. Levin and Secretary Nathan Gruz. So to them, my sincerest appreciation.

Again let me reiterate "to be heard in these fateful times, you must be present".

VICTOR H. MORGENROTH, JR.
General Chairman

L.A.M.P.A.

PRESIDENT'S MESSAGE

This is the time of the year to which I have not been particularly looking forward. With deep regret I am slowly coming to the end of the road as President of LAMPA. To say that I have not enjoyed my duties would be a gross understatement. All the work I have ever done was most pleasant and the friendships I have created during my term of office will always be remembered.

I would like to take this opportunity to thank all of my officers and mem-



HELEN KAMINSKI

bers of the board for their wholehearted cooperation during this past year.

I cannot at this time overlook TAMPA and MPA. It goes without saying that these men have been most cooperative in helping us to carry out any of our plans. Three cheers to especially TAMPA for their assistance at all times. The same to the members of MPA.

Gee, I almost forgot BMPA and I know I would never be forgiven so I would also like to thank their officers and members for their assistance too. They were most generous in helping me with my problems during the past years.

As you all know June 25th will soon be here and we have many surprises planned for your stay at Galen Hall. I am looking forward to seeing all of you there and with my heartfelt thanks to everyone in LAMPA for their cooperation and trust in me, I am

Sincerely yours,

(MRS.) FELIX H. KAMINSKI
President

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MARKS

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CONVENTION SPEAKERS

The 80th Annual Convention features two firsts in programming.

Three prominent practicing pharmacists from different parts of the country will bring provocative messages from their experiences on the general panel theme of **CHANGING PATTERNS IN PHARMACY**.

In addition, there will be opportunity to hear two sides of the controversial issue of "Medical Care for the Aged" from top representatives of the government and the American Medical Association.



IRVING RUBIN

The moderator of the panel is the distinguished Editor of the American Professional Pharmacist, Irving Rubin. He also serves as editor of *R Health* and was Managing Editor on *Pharmacy of American Druggist* and Editorial Director of the *Annual Blue Price Book*.

A "cum laude" graduate of the Brooklyn College of Pharmacy, Mr. Rubin also received a B.A. degree in English from Brooklyn College. He entered the U.S. Army in 1942 as a private and was discharged in 1946 as a captain with the Bronze Star Medal.

Mr. Rubin is a member of the Board of Trustees, Brooklyn College of Pharmacy.

Nationally known as a writer and speaker on pharmaceutical subjects, Mr. Rubin has served as a member of the American Pharmaceutical Association's House of Delegates, as vice chairman of the A.Ph.A.'s national convention and as president of its New York branch.

He recently was appointed as publicity chairman for the 1962 annual convention of the National Association of Retail Druggists.



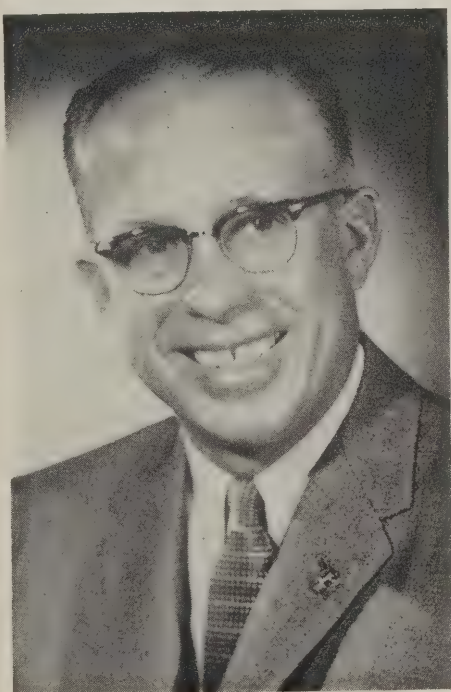
STANLEY J. BUCH

Mr. Buch, who conducts a pharmacy in Lancaster, Pennsylvania, will speak on "The Professional Fee Concept in Prescription Pricing". He has pioneered in putting the "Fee Concept" into prac-

tice and has published a widely acclaimed pamphlet on the subject, which was sent to every physician in his area.

He served in the Navy Hospital Corps in World War II, graduated from Willemette University in biology and was a graduate student at Temple University prior to graduating in pharmacy from the Philadelphia College of Pharmacy & Science.

Mr. Buch has since engaged in the retail practice of pharmacy and has been active in pharmaceutical organization affairs. The posts he has held include treasurer and executive committee of the Lancaster County Pharmaceutical Association and the executive committee of the Pennsylvania Pharmaceutical Association.



LEE E. EILER

Mr. Eiler, who will speak on "Progress for Pharmacist Employer-Employee Relations", is a graduate of the Cincinnati College of Pharmacy. After

graduation he was associated with the Fidelity Medical Supply Company in Dayton, Ohio, first as a pharmacist, then as general manager of the prescription pharmacies.

In 1949 the company was reorganized and Mr. Eiler formed a new corporation, Fidelity Prescriptions, Inc. As president of the new company, he has expanded the original three pharmacies to include another three suburban pharmacies. Under his guidance, Fidelity Prescriptions has gained a reputation for excellence and efficiency in prescription pharmacies.

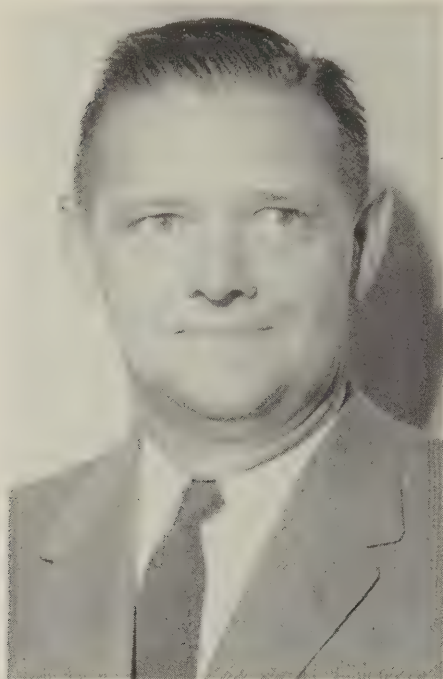
Mr. Eiler is an ardent exponent of professional and public relations. He is active in many of the civic and health affairs in Dayton.

He is a past-president of the Dayton Kiwanis Club; past-president of the President's Club; member of the advisory board of the Salvation Army; member of the Board of Directors of the Camp Fire Girls; Treasurer of the Montgomery County Cancer Control Association; member of the Board of Management of the Kettering YMCA; member of the Metropolitan Health Council; member of Lederle's Pharmacy Consultant Board; President-Elect of the American College of Apothecaries; and Second Vice-President of the American Pharmaceutical Association.

J. CURTIS NOTTINGHAM

Mr. Nottingham, President of the Virginia Pharmaceutical Association will devote himself to "The Emerging Organizational Structure in Pharmacy". He graduated from the Fork Union Military Academy and the Medical College of Virginia, School of Pharmacy.

He worked in retail drug stores, was a medical service representative, and then went on the road for Owens & Minor, drug wholesaler, before becoming the first full-time secretary of the V.Ph.A. in 1948. During his seven years in this position, the membership of the V.Ph.A. increased from 801 to 1260 and



the assets increased from \$15,000.00 to \$50,000.00.

He resigned as secretary in 1955 to open a drug store in Williamsburg, Virginia, where he is presently owner and operator of two pharmacies.

He is past-president of the Chesapeake Pharmaceutical Association, a district which he helped to organize after moving to Williamsburg. He was chairman of the Resolutions Committee of the last three annual meetings of the American Pharmaceutical Association and was installed as the National Society's first vice-president at the recent Las Vegas meeting. He is also a past-president of the Williamsburg Chamber of Commerce, the National Conference of State Pharmaceutical Association Secretaries, the State Pharmaceutical Editorial Association and the Medical College of Virginia Alumni Association.

PHILIP H. DES MARAIS

Philip H. Des Marais is the Deputy Assistant Secretary, Department of



Health, Education, and Welfare, Washington, D.C. He is a leading spokesman for President Kennedy's medical care plan, known as the King-Anderson Bill.

Mr. Des Marais received a B.A. from the College of St. Thomas, M.A. from Georgetown University and was a graduate student at the Universities of Minnesota and Iowa. He has served in Program and Campaign Development, Minneapolis Council of Social Agencies, as Assistant Director, Youth Department, National Catholic Welfare Conference, Washington, D.C., instructor in Political Science, College of St. Thomas, St. Paul, Minnesota, and Executive Vice President and Associate Professor of Political Science, Dominican College, New Orleans, Louisiana.

His community activities have been varied and his political activities have included Alternate Delegate to Democratic National Convention 1956 and 1960, Democratic State Central Committee, Minnesota, 1954-55, President, United Democrats of Louisiana 1956-60.



BERNARD P. HARRISON

Bernard P. Harrison, Legislative Attorney for the American Medical Association, Chicago, Illinois, is one of the A.M.A.'s outstanding spokesmen against the King-Anderson bill for medical care for the aged.

Mr. Harrison graduated from the University of Illinois with a B.S.S. degree and from De Paul University, College of Law, with a Doctor of Jurisprudent degree. He served as a Naval officer during World War II.

He is a member of professional bar associations and has been admitted to practice before the Federal District Court and the United States Supreme Court.

Prior to his present position, Mr. Harrison was engaged in private law practice and as corporation counsel in Illinois.

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**"SMALL BUSINESS
NEEDS QUALITY STABILIZATION"
REMARKS AT RALLY, MAY 15
By SIMON SOLOMON**

Fellow pharmacists and friends we must all realize that Senators and Congressmen are very busy men. Because of the multitude of bills they have to study, they cannot be expected to concentrate on the Quality Stabilization Bill unless we impress upon them how important this legislation is for the economic survival of small independent businesses in this country. There is nothing that will impress our representatives more than to have their constituents back home write and let them know of their interest in any legislation. While it does not mean they will vote in the affirmative for any legislation just because we request it, nevertheless, a real flood of letters and telegrams will cause them to carefully study and evaluate S. J. Res. 159 and H. J. Res. 636. I feel sure their thinking will be greatly influenced in our favor if we let them know in our own words how desperately the little fellow is struggling for his very existence and what the survival of small businesses means to the progress and vitality of every community.

All of you here tonight know that the economic health of the small independent retailer is in a very precarious condition, but never has the prognosis of the patient been so encouraging as it is at the present time and whether the patient survives will depend my friends, not upon a miracle as many of us seem to think, because miracles do not happen, but are created by the amount of effort that all of us here tonight and the many thousands of retailers in the entire country put forth to let our representatives in Congress know that the best medicine in the world that will enable the patient to

completely and fully recover from his economic illness is the enactment of the Humphrey-Capehart Bill.

Never before since resale price maintenance legislation on a federal level has been introduced in Congress have we had reason to be so optimistic as we are today. It is indeed very good news that the supporters of the traditional fair trade and the concept of Quality Stabilization, both of whose aim is to eliminate ruthless competition, have at last been able for the benefit of all concerned to finally get together and stand solidly behind a Bill known as the Humphrey-Capehart Quality Stabilization Bill. And as Senator Humphrey Co-Sponsor of this legislation said, "Enactment of this proposed legislation is essential to the competitive survival of hundreds of thousands of independent businesses in all parts of the country."

The small independent retailer should not be under any illusions about the challenges of the years that lie ahead; especially of our present fair trade acts which have been the bulwark of our economic strength, continue to be held invalid in many more states by the high courts, which means that we are also vulnerable in this state despite many of the favorable decisions by our Maryland Court of Appeals. We can assure you, if our experience of pre-fair trade days means anything, that without price stabilization and other methods of price maintenance, the country and particularly the entire drug industry would be witnessing the unhappy spectacle of jungle economics at its worst.

We here tonight are no doubt are fully aware that it is the duty of the members of the State Legislature and also our representatives in Congress to protect the public, but at the same time we have every right to expect the members of these two bodies, not to ignore

CON STANCY

"The secret of success is constancy to purpose," said Disraeli. We would be the last to dispute its truth. Since 1926 we have been constant to a **two-fold** purpose: product perfection to the consumer; profit protection to the pharmacist. Result? Each year 25 million **drugstore** customers buy our **unadvertised** products. **YOUNGS RUBBER CORPORATION.**



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the millions of consumers represented by those who earn their livelihood in small retail establishments and in manufacturing enterprises, engaged in the distribution and manufacturing of trade mark commodities. It is obvious if our Senators and Congressmen are interested in preserving our system of free competitive enterprise, and we feel certain they are, they no doubt know that without small businesses, free enterprise just cannot survive. We should let them know that the welfare of small business is a matter of great public concern and if they want to protect the small fellow from ruinous economic disaster, and give us a chance to compete with our ruthless predatory price cutters on a more equal basis, then our only salvation is the enactment of the Quality Stabilization Bill.

We should not hesitate to tell our Senators and Congressmen that the small independent retailer is now at the crossroads, and whether he will survive will depend upon his right to earn a fair and reasonable profit on the trade mark product he sell. If this profit is destroyed by ruthless competition then his right to survive is also destroyed, and when this happens the community is bound to suffer. We should also say that small business is by no means a minority group in our economy. They and their employees embrace approximately ten million, and please remember that these persons and their families are also consumers. If they should be deprived of an opportunity to survive and maintain a reasonable wholesome standard of living, then it is difficult to imagine how the balance of our economy can continue to prosper.

Cut throat competition such as price wars we are now witnessing on popular national trade mark products, which constitutes the small retailer's bread and butter, and are the backbone of our business and the bait brands of our predatory competitors must be stopped, and to prevent this destructive competi-

tion from creating chaos in the market place rules of fair competition such as the Humphrey-Capehart Bill are needed.

Enactment of this legislation is an effective means of assuring free enterprise for the many not just the few. It will give more than a million small retailers a realistic opportunity to compete against the giants with superior dollar power. Without the competition of the small independent retailers, America's Number One industry, retail distribution would easily fall into the hands of a relatively few largely retailers. They could then charge the consumer as much as they pleased. This would certainly lead to monopoly which is the antithesis of free enterprise as we know it. All that we ask from our representatives in Congress is to support legislation such as S. J. Res. 159 that will protect our right to compete fairly. Is that asking too much? We do not believe so.

Let it be clearly understood to our representatives in Congress as well as the public that we are not opposed to big business. As a matter of fact, we are willing to admit that big business is what helped to make this great country of ours, and is absolutely essential to our way of life. They have contributed magnanimously in wealth and comfort and also convenience to the public. But we also contend that small business of which there are so many is also an essential part of our economy, and are really the pillars of the progress of every village, town and hamlet in the country.

The following statistics obtained from the United States Department of Commerce, which was extracted from the 1958 Census of Business of Retail Trade Report will prove how important the small businessman is to every community. The report states that the number of retail establishments in the country is 1,788,325, which of course has varied some in the past 2 or 3 years, altho not to a great extent.

591,150 or about 33 per cent had no paid employees. Probably man and wife or family affair.

889,202 or about 50 per cent of the total had less than 10 employees.

What really stands out is that out of a total of approximately one and three quarter million retail establishments only about a little more than one per cent had 50 or more employees.

It is important to call to their attention that discount houses are growing very rapidly, and it is said by some authorities that they might well account for over 80 per cent of the retailing business by 1970. While there were only a handful a few years ago, it is now claimed there will be more than 2500 operating in the country by the end of the year. Moreover, do not forget that an increasing number of department and variety stores have now joined the price cutting parade in order to compete with these discounters with the result that the independent retailers are squeezed in between.

It is further stated that the small businessman with his independent stores, factories and other enterprises provide the livelihood for one out of every three people in America. No one can deny that this is very impressive and clearly demonstrates that America needs the small and medium size businessman as well as the giants.

Furthermore, we apparently have in progress today one of the greatest merger movements ever known in our history. 1961 mergers reached the highest since 1933 totaling 1234 as compared with 1012 in 1960 and 1050 in 1959. Whether the present administration in Washington will be able to curb it is anybody's guess but what we do know is if something to stop this trend is not done quickly and if the Quality Stabilization Bill is not enacted in the very near future, many small retailers must inevitably fall by the wayside.

It is also interesting to note that according to Dun & Bradstreet's annual report on business failures, more small firms failed last year than in any year since 1933. Over 17,000 firms, a very large percentage being small, failed last year with an increase of 1190 over 1960's bankruptcy total. Drug store failures alone during 1961 totaled 204 an increase of 18.6 per cent over 166 pharmacy bankruptcy during 1960.

The entire drug industry might as well brace itself for the return of dog eat dog days which many of us here tonight remember prior to pre-fair trade days, and which we are witnessing even now in our own city right at the present time, unless we take off our coats and fight as we have never fought before to perpetuate price stabilization, which has proven so beneficial to us during the past two decades. Let us not delude ourselves that without such legislation as S. J. Res. 159 we can survive the ruthless competition of the predatory price cutters.

In this fight the stakes are high and nothing can safely be left to chance. Let us all here tonight face up to our duty including the wives, and never let it be said that we failed ourselves and our calling once the chips are down. Actually the economic soundness of retail pharmacy and many other retailers in other fields ride along with this fight. This is going to be a very tough fight. A determined effort is demanded of us so as to provide an impregnable position for all small retailers which will enable them to withstand the drastic competitive practices beating down upon us from all sides.

We should all realize by this time that after much stubborn resistance of our previous fair trade legislation in Congress during the past few years, that bringing about the Quality Stabilization Bill is not going to be an easy task, but it must be done and can be done if we get the necessary grass root support.

Testimony recently before the Monroney Subcommittee indicated very strongly that formidable opposition can be expected from the Department of Justice, Federal Trade Commission, Department of Commerce and practically all the departments of the federal government. Also the American Farm Bureau, the largest of the several major organizations in the agricultural field, has come out recently, not only against such legislation as Quality Stabilization, but also recommended that federal laws designed to protect state fair trade laws from anti-trust attack, such as the McGuire Act be repealed.

Fellow pharmacists and friends, now is the time to stand up and be counted. We should not run away from a fight because of the powerful opposition of these agencies, but should make a determined stand. There is no doubt that fighting together victory will eventually be on our side.

We are not asking for charity. We are not asking to be subsidizing by our government or subsidized by the consumers. We are only asking for economic opportunity which by every stretch of the imagination we are rightfully entitled too.

FAIR TRADE NEWS

A recent New York State Supreme Court suit brought by Julius Schmid, Inc., against G. M. Less Drug Corporation seeking injunctive relief and \$10,000.00 in damages represents the 447th Fair Trade case prosecuted by the manufacturer since 1959.

While the majority of these cases have resulted in compliance prior to court action, Schmid has obtained over 60 permanent injunctions during that period in New York City alone, as well as many contempt citations in connection with which fines have been levied by the courts.

A number of additional cases are on court calendars at present and the

process of enforcement of Schmid's contract goes on without interruption.

The most recent injunctions have been against—

Crystal Drug Sales, 28 West 34th St., New York City—Madison Franklin Apothecary, Inc., Franklin Square, N.Y.—Glen Rock Drugs, Inc., 1432 Rockaway Parkway, Brooklyn—Q. M. C., 25 East 17th Street, New York City—Royal Nassau Pharmacy, 132 Nassau St., New York City—Arista Drugs, Inc., Franklin Square, N. Y. — Bymore Pharmacy, Franklin Square, N.Y.—Jacobs Brothers, 28 East 17th St., New York City—Aaronoff Sales Corp., 26 East 17th St., New York City—White Star Sales, Inc., 25 East 17th St., New York City—Library Drug Corp., 25 West 42nd St., New York City—Suffolk Drug Inc., 485 Madison Avenue, New York City and Rothmar Drug Co., 102 Fulton Street, New York City.

Contempt of court citations and fines have been recorded recently against:

Chasen Drugs, 611 Broadway, New York City—Sirbel Sales Corp., 21 East 17th Street, New York City and World Merchandise Exchange, 14 East 17th Street, New York City.

The last two represent second contempt of court convictions.

"One of the reasons for our long series of successful court actions" states Carl J. Schmid, president, "has been our ability at all times to demonstrate to the courts that we are constantly vigilant in enforcing our Fair Trade contracts. Few manufacturers in any line can point to such a portfolio of successful enforcement cases. It is time retail druggists recognize their friends in the continuing struggle to protect their profits."

DO IT AGAIN!


Wire your Senators and Congressman to Support the Quality Stabilization Bill—S. J. Res. 159—H. J. Res. 636

WHAT'S BEHIND THE MIRROR?

It's *your* medicine cabinet, and on its shelves, we bet, are products with familiar labels, brand names — not "just-as-good," cut-price generics — because these are for *your* family and you just don't take chances. This, of course, is why your physicians also specify Lederle and other

brand-name products for their patients. They know that Lederle goes far beyond the "official" requirements to produce only the finest. The next time customers ask about the "difference in drugs" why not tell them of your personal and professional trust in the *brand name*?



LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, New York 

School of Pharmacy, University of Maryland, News

The Alumni Association of the University of Maryland School of Pharmacy at its annual meeting elected the following slate of officers for 1962-63:

Honorary President:

Miss Georgianna S. Gittinger

President:

Samuel A. Goldstein (1930)

1st Vice President:

Milton A. Friedman (1934)

2nd Vice President:

Robert J. Kokoski (1952)

Executive Secretary:

Frank J. Slama (1924)

Treasurer:

H. Nelson Warfield (1924)

Executive Committee

Chairman: James P. Cragg, Jr. (1943)

Milton J. Brownstein (1934)

Thomas C. Dawson (1955)

Nathan I. Gruz (1939)

Casimir T. Ichniowski (1929)

Harold Levin (1943)

Vito Tinelli, Jr. (1961)

Ex-Officio

Noel E. Foss

B. Olive Cole

Dr. Noel E. Foss, dean of the University of Maryland School of Pharmacy, was chosen at the annual meeting of the school's Alumni Association for the 1962 Honored Alumnus Award.

The award is presented at the association's annual banquet.

Dean Foss has been dean of the pharmacy school since 1949. After receiving his Ph.D. degree from the University of Maryland in 1933 he was appointed professor of pharmacy at Duquesne University of Pharmacy in Pittsburgh. He was later associated with Burroughs Wellcome and Company and the Calco Chemical Division of American Cyanamid Company.

During World War II he served as a major in the Medical Service Corps.

In 1947 he was appointed assistant dean and professor of pharmacy at the University of Illinois College of Pharmacy, a position which he held until coming to Maryland.

Last year he was elected second vice president of the American Pharmaceutical Association.

He is a member of Phi Kappa Phi, Sigma Xi, Rho Chi, and the American Pharmaceutical Association, and has contributed to a number of scientific journals, including the JOURNAL OF THE AMERICAN CHEMICAL SOCIETY and the JOURNAL OF THE AMERICAN PHARMACEUTICAL ASSOCIATION.

Dr. John C. Krantz, Jr., chairman of the department of pharmacology of the University of Maryland School of Medicine, was invited to deliver the First Paul K. Smith Memorial Lecture at the George Washington University School of Medicine in Washington, D.C., May 12, 1962.

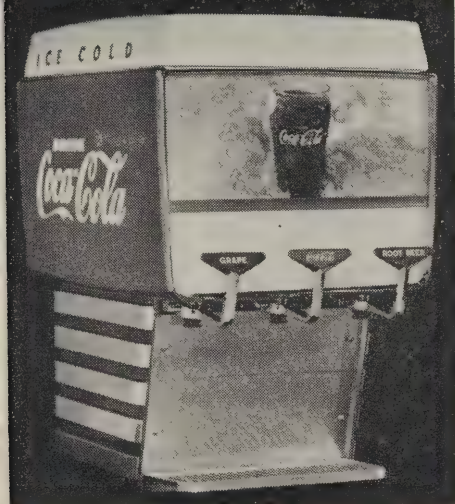
His subject was "A Round Trip Journey from Anesthesiology to Psychiatry Via the Fluorinated Ethers."

The lectureship was established to honor Dr. Smith, head of the department of pharmacology at the George Washington University School of Medicine and well known for his work on anti-motion-sickness drugs, who died last year.

New uses for steroid drugs, an interesting class of pharmaceutical compounds that include cortisone and the sex hormones, were announced in Milan, Italy by Dr. Norman J. Doorenbos, associate professor of pharmaceutical chemistry at the University of Maryland.

The work was done with the collaboration of Dr. Donald E. Shay, professor

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of microbiology at the University of Maryland.

Addressing the International Congress on Steroidal Hormones, Dr. Doorenbos reported to the morning session on two new classes of steroids that may rival the antibiotics in treatment of bacterial and fungus infections. Most fungus infections are now resistant to treatment.

The steroids Dr. Doorenbos synthesized, which contain nitrogen atoms in their chemical structure, are from 100 to 10,000 times more active against susceptible microorganisms than any other known steroids.

At the afternoon session, Dr. Doorenbos reported the discovery of new types of drugs for treating inflammation and for lowering the level of cholesterol in the blood. Both of these drugs also contain nitrogen and are classified as heterocyclic steroids.

The anti-inflammatory agents are derived from cholesterol, an inexpensive substance obtained from the brains and spinal cords of cattle. They have no resemblance to hydrocortisone, another much more expensive anti-inflammatory agent.

Although this discovery may lead to the treatment of arthritis by methods that are much cheaper and safer than present methods Dr. Doorenbos warns that development of the new drugs will probably require many years.

The new drugs for lowering blood levels of cholesterol show particular promise because they act by preventing the formation of cholesterol in the body. Cholesterol-free diets are limited in their usefulness because the body manufactures its own cholesterol. Many clinical investigators are hopeful that some new drug of this type will prevent or clear up the symptoms of atherosclerosis, or hardening of the arteries.

Dr. Doorenbos also reported on progress that his research group has made in its research for heterocyclic steroids effective against hormone-stimulated cancers, work that has been supported for four years by the Cancer Institute. Progress to date has led to the award of a research contract by the Cancer Chemotherapy National Service Center to further the program, which is also partially supported by Smith, Kline and French Laboratories.

Dr. Shay was assisted by Rodney Smith, graduate student in microbiology. Dr. Doorenbos was assisted by Dr. Chien-Li Huang, Dr. Mu-Tsu Wu, Dr. Richard Tammoria, Dr. Kenneth Kerbridge, Dr. Karishan Singh, Dr. Leon Milewich, Mr. Arvind Shroff, Mr. Vithalbhai Patel, Miss Masako Nakagawa, Mr. Conrad Dorn, Mr. Robert Havranek, Mr. John Milkowski, and Mr. Charles Kumkumian, postdoctoral fellows and graduate students in pharmaceutical chemistry.

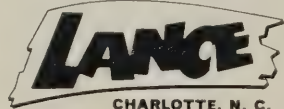


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. CONTRIBUTIONS .

HOSPITAL ENCROACHMENT ON THE PRIVATE PRACTICE OF MEDICINE

By Paul F. Guerin, M.D.

Presented to the Baltimore Metropolitan
Pharmaceutical Association
April 27, 1962

Mr. Chairman, Officers, Members and Guests of the Baltimore Metropolitan Pharmaceutical Association. It is a pleasure to be with you this evening to discuss a subject of serious concern to those individuals and organizations who are interested in preserving the private practice of medicine in this country. Hospital encroachment on the private practice of medicine is a particularly timely subject in view of developments within the state of Maryland during the past several years as well as the current consideration of federal legislation to provide medical and hospital care for the elderly under the Social Security Program.

Hospital entry into the practice of medicine had its beginning at about the turn of the century when Johns Hopkins University Medical School first employed full-time physicians for its teaching program. Since that time, more and more medical schools have adopted the philosophy that teaching in medical schools and their related university hospitals is best done when the principal nucleus of the staff consists of full-time physicians. This type of arrangement presents no problems so long as the full-time physician employee limits his activities to teaching and research. However, when employed physicians in university hospitals treat private patients with the hospital collecting the fee for these services, serious ethical and legal problems arise. It is unethical for a physician to sell his services to a third party under circumstances where the third party makes a profit on the sale of these services. Furthermore, in most states no provi-

sion is made for the corporate practice of medicine.

The next major development to enhance the hospital practice of medicine was the founding of the Blue Cross Programs. Initially, these programs were founded, primarily, to aid low income groups in the payment of hospital bills and were supposed to have covered hospital services only. However, at the outset the services of Radiologists, Pathologists, Anesthesiologists and specialists in physical medicine had their services included in Blue Cross as hospital services despite protests by organized medical groups. At that time, none of these specialties was as well developed as they have become in the intervening years. Thirty years ago, it was unusual to find full-time pathologists in any but the teaching centers and many of the smaller hospitals had Radiology services only on a part-time basis. The small clinical laboratories in hospitals at that time were, in general, owned by the hospital and supervised by a clinician on the medical staff who carried out these duties on a part-time basis for a salary. Anesthesia was largely administered by nurse anesthetists.

In the intervening years, there has been a marked increase in the number of hospitals which now have pathologists, radiologists and anesthesiologists on their staffs. This increase has been stimulated, in part, by a growing reliance on the newer technical developments in Anesthesiology, Pathology and Radiology by practicing physicians as well as by the requirements of the Joint Commission on Accreditation of Hospitals. To be approved for internship and residency training a hospital now must have a board certified physician in charge of each of the major hospital departments.

As more and more of these specialists were added to the staffs of hospitals, they inherited a system whereby their

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medical services were included under Blue Cross and where, in general, they were required to accept a salaried position. For the last decade, there has been an increasing effort on the part of many of these specialists to extricate themselves from this position.

What are the objections then, to the hiring of physicians on a salaried basis and having the hospital collect the fee? First of all, this practice is contrary to the ethics of the American Medical Association, all state medical societies and the societies of the professional groups concerned. Secondly, such an arrangement results in a major emphasis on the income producing function of the department rather than the professional services which should be rendered. During this period of increasing hospital costs it has become a common practice to add extra charges in the Radiology and Pathology departments as well as the pharmacy when extra income was necessary, to avoid announcing a too-rapid increase in room rates to the public. Thirdly, the physician director of the department cannot exercise his best professional judgment in such matters as the allocation of space, the purchase of equipment and the qualifications and salaries of his technical staff. In many respects, hospital employed pharmacists encounter many of the problems that are encountered by the salaried physician specialists. All too often, statements are made that exorbitant prices are charged for pharmaceutical supplies from the hospital pharmacy. There is also administrative interference on the part of the administration with the professional judgment of the pharmacist with regards to the professional operation of his department. Here too, the profit motive, very often, reigns supreme and, too frequently, professional considerations are secondary. Some hospitals so jealously guard the full-time services of their physician specialists, that they even prohibit part-time private practice outside of the

hospital. I do not know whether or not pharmacists are similarly affected.

These problems are, by no means, limited only to university medical centers nor the physicians specializing in Anesthesiology, Pathology and Radiology. During the past few years there has been an increasing tendency on the part of hospitals to hire full-time directors of medical education, full-time salaried physicians to staff accident rooms and full or part-time physicians in many of the clinical specialties to provide for a whole host of medical services by the hospital.

Having provided some background for the evolution of this situation, I would like, for the remaining time, to discuss some of the steps that have been taken to attempt to resolve some of these problems in Maryland. Nearly all proposals made by medical groups to regain control of medical affairs have met with severe opposition from Blue Cross-Blue Shield officials and hospital administrators. Several years ago, the Maryland Society of Pathologists in conjunction with the Maryland Radiological Society requested the Baltimore Hospital Council (now the Hospital Council of Maryland), to meet with them to discuss problems of contractual relations between pathologists and radiologists and their hospital. Several meetings were held during which time it was obvious that the hospital association was totally unwilling to provide for any changes that would permit pathologists and radiologists to be on a fee for service basis and to have their services covered by Blue Shield as medical services rather than by Blue Cross as hospital services. Agreement could not be reached and, despite repeated requests, the Baltimore Hospital Council would not meet again with the professional groups to further study the problem.

In 1958, the insurance commissioner held open hearings with regards to a rate increase for Blue Cross. At that time representatives of the Maryland

Society of Pathologists and the Maryland Radiological Society presented testimony indicating that there was wide spread over-utilization of hospital services primarily because patients were admitted to the hospital for diagnostic studies under circumstances where the patient's clinical condition did not require hospitalization. This was done, in our opinion, because the services would not have been paid for under an insurance program if performed in the private physicians' office. Officials of Blue Cross, some hospital administrators and a few physicians denied these charges. The insurance commissioner, at that time, directed the Executive Director of Blue Cross and Blue Shield to study the problem of over-utilization and to study means by which out-patient diagnostic services could be provided. Following these hearings the Executive Director of Blue Cross and Blue Shield requested the Hospital Council of Maryland to appoint a committee to study the problem of over-utilization. This committee, in my opinion, despite a considerable amount of time devoted to its work, accomplished little in the way of accumulating worthwhile data or resolving the problem.

In 1959, the insurance commissioner of Maryland again held Blue Cross rate increase hearings and again the Maryland Society of Pathologists as well as the Maryland Radiological Society requested permission to testify. At that time the insurance commissioner denied permission for such testimony.

In the fall of 1959, the Medical and Chirurgical Faculty House of Delegates passed a resolution indicating that Pathology and Radiology services were medical services and should be under Blue Shield rather than Blue Cross. The executive director of Blue Cross and Blue Shield stated that this transfer would not be in the best interests of the public and made no effort to effect the recommendations. The faculty also stated its opposition to the inclusion of

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additional physicians' services under Blue Cross.

During the fall of 1959 the Medical and Chirurgical Faculty appointed a committee to study Blue Cross-Blue Shield problems. This committee conducted an extensive survey of a representative sampling of physicians in Maryland. The final report of this committee, entitled, "Physicians' Attitudes Toward Hospital and Health Insurance Problems" was published in July of 1960. Some of the important conclusions of this report are as follows:

1. That patients resist diagnostic study because of cost.
2. That a substantial number of patients requests hospitalization when this is not medically necessary, primarily to take advantage of insurance for those medical services which are not covered on an ambulatory basis.
3. The majority felt that hospital facilities are used in an unnecessary or uneconomical manner.
4. A substantial number of physicians felt that patients are hospitalized to receive insurance benefits for diagnostic studies when such admissions were not medically necessary. 44% of physicians felt this was a frequent occurrence.
5. The vast majority of physicians were in favor of offering insurance covered out-patient benefits for diagnostic services under Blue Shield. Despite the unquestionable accuracy of this report, its conclusions were challenged by the president of the Hospital Council of Maryland as being biased and incorrect.

At a special meeting of the House of Delegates of the Medical and Chirurgical Faculty held during the summer of 1960, additional resolutions were passed as follows:

1. That the Medical and Chirurgical Faculty again requested a transfer

of all medical services under Blue Cross to Blue Shield.

2. That an out-patient program be developed for diagnostic services under the Blue Shield plan and in the basic contract.
3. That a separate director be established for Blue Shield.

These resolutions, together with additional testimony were presented by the Medical and Chirurgical Faculty to the insurance commissioner during another rate increase hearing during the summer of 1960.

Despite these actions, the Blue Cross-Blue Shield Organizations still have a single executive director. Pathology and Radiology services remain under Blue Cross in hospitals. However, despite the opposition of the state medical society an out-patient program for diagnostic benefits were instituted on an optional rider basis, allegedly to provide for diagnostic services under Blue Cross in hospital out-patient departments and under Blue Shield in physicians' offices. As a matter of fact, this is entirely a Blue Cross program under the control of the Blue Cross Board of Directors and with only Blue Cross subscribers paying the premiums for the benefits. Blue Shield does make payments to physicians from funds transferred from Blue Cross. Furthermore, the program is on an optional rider basis and not in the basic contract as requested by the state medical society.

Another, but little known aspect of this problem, began in 1952 when the state medical society authorized Blue Shield to make payment to hospital educational funds for services performed by interns, residents or full-time staff members on patients having Blue Shield insurance but who did not have a private physician. At the time that this program was instituted it was understood that the amounts of money involved would be small and the funds would be completely under the control of the medical staff of the hospi-



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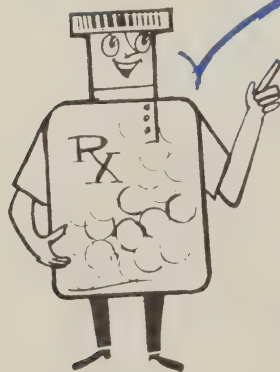
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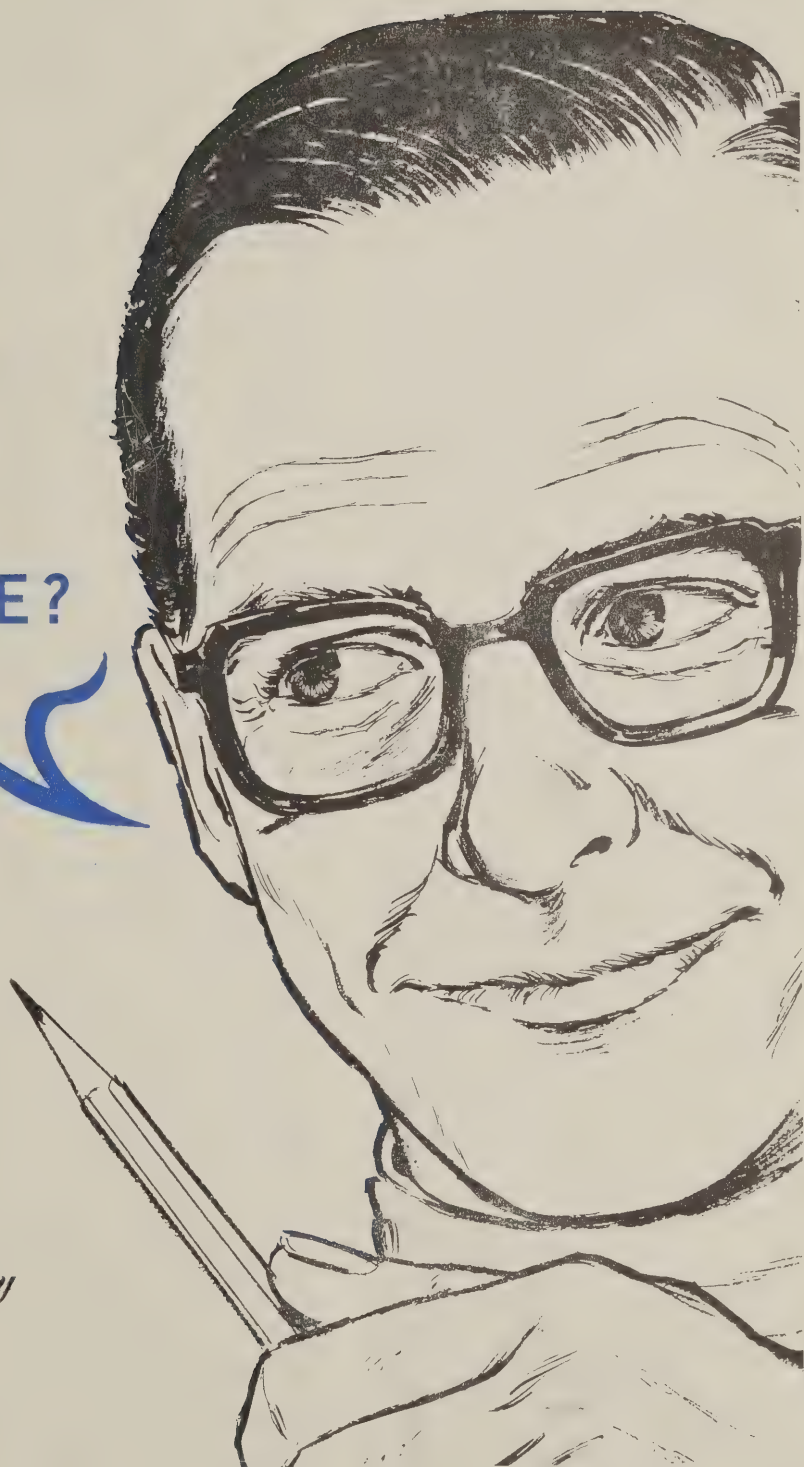
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tal to be used for educational programs which are not customarily furnished by the hospital. This program was instituted despite the fact that there is no provision within the charter or bylaws of Blue Shield in Maryland to pay medical fees to anyone other than a private practicing physician. Since the program was instituted it has grown to the point where funds paid from Blue Shield to hospital educational funds are in the neighborhood of one-half million dollars per year. In addition to this amount there is approximately another one-half million dollars a year contributed to hospital education funds by commercial companies. This amounts to a total of approximately one million dollars per year which is being provided to hospitals for medical services provided by its medical staff, in competition with private practicing physicians. This is in addition to the fees collected for Pathology, Radiology and other medical specialties. The amounts of money have grown so large that many hospitals are unable to spend these funds for the purposes for which they were originally intended. The money is, therefore, being spent for all types of hospital operations of a type which are only vaguely related to the educational program.

In 1961 the House of Delegates of the Medical and Chirurgical Faculty approved a resolution withdrawing its approval to make payments into these funds and to direct that fees be paid only to private practicing physicians and not to institutions or their committees. To date, no action has been taken by the Blue Cross-Blue Shield organizations on this matter.

The Blue Shield Board of Directors consists of 8 physicians appointed by the Medical and Chirurgical Faculty and 4 individuals appointed by the Blue Cross Board. Two years ago, only 1 physician of those appointed by the Medical and Chirurgical Faculty was on the Blue Shield Board of Trustees Executive Committee, the remaining positions being held by hospital admin-

istrators appointed by the Blue Cross Board. This situation has been subsequently rectified by making it mandatory that only physicians appointed by the state medical society may hold office and be on the executive committee of that organization. At least in this area physicians have been able to regain control of their own program.

Now for a few words about the national situation. For the past 20 years there have been strong proponents in the congress for various socialized schemes for the practice of medicine. The proponents of these bills have tried many different techniques to get some variety of socialized medical program into effect, with the full knowledge that if a partial socialized program can be effected, that it will be a simple matter later on to, step by step, completely socialize the practice of medicine. The latest of these schemes is to provide hospital care for the elderly under the social security program. During 1961, Congress passed the Kerr-Mills bill which would provide federal funds to states to assist in the care of the needy elderly. This legislation, however, has failed to appease the incumbent administration which now insists on a full program for all elderly individuals under the social security system whether there is need on the part of the individual for such assistance or not. HR4222, now before the congress, would provide hospital services for individuals beyond the age of 65, irrespective of financial need. The bill clearly spells out that Anesthesiology, Pathology, Radiology and Physiatry are hospital rather than medical services under the terms of the program and, furthermore, it provides out-patient diagnostic benefits in hospital out-patient departments only. This is clearly a socialized hospital and medical system. Contrary to the proponents of the bill, it definitely includes medical services, both on an in and out-patient basis within hospitals and is clearly the opening wedge for the socialization

of the practice of medicine. I have no doubt, that if passed, the age limit will be gradually lowered over a period of years until we have a completely federalized hospital program. Furthermore, if certain physician services are included in the bill originally, it would certainly be an easy matter to later include more and more physicians until the entire practice of medicine is socialized. At a recent meeting of the American Hospital Association, the association proposed that a national Blue Cross program be effected to care for the elderly, but did not express its objection to the social security approach of financing. We now have, not only danger of further encroachment on the private practice of medicine by hospitals through their economic subsidiary, the Blue Cross Plans, but have the further consideration that these practices may be subsidized by the federal government. You may be interested to know that a resolution has been passed by the Baltimore City Council which puts the council on record favoring this federal program.

Gentlemen, the current situation is serious and I would summarize as follows:

1. On the national as well as the local level there is a concerted program on the part of hospitals to usurp, more and more, the control of the practice of medicine.
2. That inclusion of increasing numbers of medical benefits under the Blue Cross Program rather than under the Blue Shield Program increases this control.
3. That if a federal program is worked out between the Social Security System, the National Blue Cross Plan and the American Hospital Association for the care of the elderly patients, that private practice will not long be with us.

If the private practice of medicine fails, then with it goes the private prac-

tice of pharmacy. Though the picture is bleak, it is not hopeless. If each of us assumes responsibility for influencing public opinion as much as possible, in these areas, it is conceivable that these trends may be reversed. We must make every effort to protect the best medical system that has ever been developed, not for ourselves, but for the sake of those patients who are the fortunate recipients of our excellent medical services.

USES OF SODIUM LAURYL SULFATE

By B. F. Allen*

This substance is described in the current edition of the U.S.P. as a mixture of sodium alkyl sulfates consisting chiefly of sodium lauryl sulfate and the official category as that of a surfactant.

Many brands of sodium lauryl sulfate appear on the market and one of the most popular has been a pharmaceutical grade known under the trade name of Duponol C^a. It is said to be manufactured under a low lead and arsenic tolerance, forms neutral solutions, and has been classified as a wetting agent. Also, it has been stated that Duponol C produces a slight synergism in the fungistatic activity of ointments containing G-11^b and G-4^c.

Sodium lauryl sulfate is also considered to be an anionic detergent and is often abbreviated in literature as simply S.L.S. It has been used for many years in popular household products such as Irium toothpaste, Drene shampoo, Teel dentifrice, and the dishwashing compounds known as Dreft and Vel.

This material is generally available as a white powder and one gram dis-

*Associate Professor of Pharmacy, University of Maryland.

^a product of E. I. duPont de Nemours & Co., Wilmington, Del.

^b brand of hexachlorophene, Sindar Corp., New York, N.Y.

^c brand of dichlorophene, Sindar Corp., New York, N.Y.

solves in 10 ml. of water forming a cloudy or opalescent solution.

In some manufacturing operations, powdered S.L.S. may cause a difficult dusting problem. When large quantities of this material are dumped into a solution or process, the dispersed dust particles may seriously interfere with the manufacturing, by causing sneezing and other dust hazards. In order to overcome some of these problems, it is commercially available in the form of needles^d, pastes^e, and viscous liquids.^f

This chemical is an important constituent (one percent concentration) in the official Hydrophilic Ointment which first appeared in U.S.P. XIV. The S.L.S. was then removed from the formulation in the next edition of the Pharmacopeia because reports indicated it was the cause of some allergic conditions. It is extremely interesting to note that the present official formulation (in U.S.P. XVI) is the same as the one which was recognized back in U.S.P. XIV.

Also, there appears to be some indication that this allergy-type of irritation may have been caused by the use of some "technical" brands of sodium lauryl sulfate.

During the past years, there have been many efforts to bring about better ointment bases with more desirable

properties. One of the products publicized during this period was a so-called Universal Hydrophilic Ointment Base^g. Among the eight ingredients, which were all carefully selected for their properties, was sodium lauryl sulfate.

The S.L.S. was chosen for this formulation because of the following properties: (1) emulsifying agent having great dispersing ability for oil and water particles; (2) provides secondary dispersion action on oily medicants, producing a smooth homogeneous mass; (3) lowers the surface tension of fatty substances, making them more compatible with water, and because of this property, also inhibits greasiness and aids in rinsability with water.

It appears that sodium lauryl sulfate has even been involved in a prescription^h problem which often shakes the public's confidence in the profession. The resulting preparation, as prepared by the pharmacist, was a nice smooth ointment. The customer, however, did not want to accept it in this form stating that the physician had said he was prescribing a lotion.

Some limited investigations have indicated that the prescription often resembles a lotion (with suspended particles) when compounded without heating, an ointment when made with heat, and a lotion if the sodium lauryl sulfate is excluded from the formulation.

Sodium lauryl sulfate has been prescribed in the treatment of peptic ulcer. However, it has been stated that, although it inactivates pepsin, it also produces degenerative change in the intestinal mucosa, liver, and kidneys. Furthermore, by inactivating the pepsin it interferes with proper digestion of protein and thus accomplishes its benefit at the expense of the destruction of a normal physiologic process.

It has been noted that this chemical substance is commercially available in combination with many other therapeutic ingredients and recommended not

^d Solasol, Aceto Chem. Co., Inc., Flushing 54, N.Y.

^e Maprofix WA-MM, Onyx Chem. Corp., Jersey City, N.Y.

^f Stepanol WAQ, Stepan Chem. Co., Chicago 6, Ill.

^g Formula:

Cetyl alcohol	7.
Stearyl alcohol	3.
Beeswax, white	4.
Petrolatum, white	27.
Glycerin	8.
Sodium lauryl sulfate	1.
Water, distilled	50.
Zephiran, concentrate	0.06

^h Formula:

Sodium lauryl sulfate	1.
Glycerin	10.
Cetyl alcohol	10.
Rose oil	q.s.
Distilled water, q.s.	120.

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only for peptic ulcer but functional gastrointestinal distress and constipation.

In the descriptive literature for one of these combinations it is stated that lysozyme^j in excessive amounts is believed to destroy the protective mucosal lining and as such is an additional contributing cause of peptic ulcer. Lysozyme is found to increase in ulcerative disease. Ulcerous stomachs assayed for lysozyme showed that most of the lysozyme was present in the pyloric region, a common site of ulceration.

According to one investigator the optimum pH for human gastric lysozyme is 5.9, and the effective range of lysozyme effect is 4.6 to 7.1. It is probable that in the normal stomach with a pH of 1 to 2, that lysozyme is inactive. If the pH of the ulcer crater is high or toward the alkaline side, as occurs when antacids alone are used, then conditions for lysozyme necrotic action are ideal. Sodium lauryl sulfate inhibits or inactivates the lysozyme, thus blocking one of the etiologic factors of peptic ulcer.

Suppositories containing sodium lauryl sulfate are useful in the treatment of rectal itching following the oral use of antibiotics such as chlor-tetracycline or oxytetracycline. It also appears as an ingredient in several vaginal preparations which are used to relieve itching, etc.

It has been stated that S.L.S. is irritating to the eye. Other statements indicate it is no more irritating to the eye than soap and other "face" washing compounds.

^j an enzyme found in tears and mucous secretions.

^k A suggested formula:

Cetyl alcohol	15.
White wax	1.
Sodium lauryl sulfate	5.
Glycerin	50.
Distilled water, q.s.	1000.

^l Ilosone is the Lilly trade name for this compound.

ⁿ The Medical Letter, March 30, 1962

^p dose of this substance as indicated in the parenthesis

Sodium lauryl sulfate is an important constituent in many lotion vehicles which are intended to produce smooth, soothing, and adherent "improved" calamine^k, mineral oil, lanolin, and Kummerfeld's lotion types of products.

Numerous suggested formulas for various types of drug and cosmetic specialties have been formulated in recent years with what is known in the trade as a self-emulsifying wax. The latter is an extremely versatile material compatible with nearly all types of acidic or basic materials as well as most metal salts. The composition of one of these waxlike products is listed as 90 parts of a mixture of cetyl and stearyl alcohols, 10 parts sodium lauryl sulfate, and 4 parts of distilled water.

Many salts of erythromycin have been extensively evaluated and a number of them are used commercially. Of the various salt types tested, the alkyl sulfate salts, such as propionyl erythromycin lauryl sulfate (PELS)^l, have been found to be very useful, especially in the preparation of flavored suspensions. PELS is easily prepared from erythromycin by esterification followed by a double decomposition reaction with sodium lauryl sulfate to form the salt.

It is noted that this compound is now recognized in the first U.S.P. XVI supplement (official May 1, 1962) as Erythromycin Estolate. This publication states that it occurs as a white, crystalline powder and is odorless or practically odorless and is practically tasteless.

It is extremely interesting to note that a statement has been published indicating that this product can cause liver injury and that a re-evaluation of this antibiotic is necessary.ⁿ

The following commercial products are available containing sodium lauryl sulfate^p as an ingredient:

A.A. PLUS (25 mg/tab)

ACI-DERMA (lot)

AKTEX (oint)

ALU-SCOP (29 mg/cap/7.5 ml. susp)

BARDEF (0.22 gr/45 gr. powd)
BENULAX (30 mg/15 ml. susp)
BENULONE (30 mg/15 ml. susp)
BROXOLIN (oint)
DESITIN (oint)
FEMETTE (aerosol)
FEMSERT (7 mg/5 Gm. oint)
FOAM-ETTES (tab)
HEXA-FLUORIDE TOOTH PASTE
IPANA TOOTH PASTE
W/HEXACHLOROPHENE
KOLANTYL (25 mg/tab/10 ml. gel,
12.5 mg/wafer)
LEUKORAY (5 mg/tab)
LORZINEX (powd)
MALU-C (20 mg/cap)
MILD "VIOFORM" HYDROCORT
(oint)
NEUTRAZYME (100 mg/suppos)
ORBIT DENTAL CREAM
ORTHO-CREME (0.28%)
PSEMARIN (oint)
SKOPOLATE P.A.M. (12.5 mg/cap)
TRINALIS (5 mg/suppos)

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First Vice President—H. SHEELER READ

Second Vice President—JAMES A. ALLEN

Third Vice President—JOHN C. CORNMESSER

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For Two Years
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B. Dorsey Boyle
C. Wilson Spilker

For Three Years
Herman Bloom
Frederick H. Plate
Robert Tobias

MARYLAND PHARMACIST COMMITTEE

Ken Whitehead, Chairman
Marty Rochlin

Wilson Spilker, Board Advisor
George Brandt

Volume 20

MAY, 1962

No. 7

PRESIDENT'S MESSAGE



EDWIN M. KABERNAGEL, JR.

As convention time approaches and this administration will soon be going out of office, we wish to take this opportunity to express what a pleasure it has been for us to have been a part

of this outstanding T.A.M.P.A. group during the past year.

The cooperation all the way down the line of command has been exemplary. Attendance at our regular business meetings and social events has been most gratifying.

Our sincere thanks to Sheeler Read, our First Vice-President, who guided the Attendance, Luncheon and Program Committee, headed by Fred Plate, Al Settler and Joe Hugg respectively.

A big salute to Joe Hugg and his committee for their tireless efforts in giving us some of the foremost personalities throughout the year. To review briefly:

October—Benjamin C. Moore—Executive Director, Civic Center Commission—a very timely speaker on a most important subject.

November—Ladies Night at the Brentwood Inn with its renowned Smorgasbord.

December—Christmas Party at the Kelly Memorial Building for fifty-four underprivileged youngsters from the Helping-Up-Mission.

January—Good Will Luncheon—The Reverend John W. Payne, Exec-

utive Director of the Baltimore Goodwill Industries as our guest. February—We returned to Knights of Columbus Hall in Highlandtown from our Annual Oyster Roast.

March—Past Presidents' Day—Fifteen in attendance, a representation of old pros, which speaks for itself.

April—Spring Sports—Film showing outstanding sport events of the previous year.

May—Ladies Day Luncheon at Gas-kin's, where Frank Hennessy's presentation of the "Land of Pleasant Living" was enjoyed by all.

We were pleased to see our friends from the field of pharmacy at our various affairs.

Our thanks to Jim Allen, Second Vice-President, who supervised the Custodian-Membership and Publicity Committee with the help of Swen Justis, Joe Muth and Sam Sieger, the respective chairmen.

John Cornmesser, Third Vice-President, had under his jurisdiction the Welfare, Maryland Pharmacist and Emery G. Helm Committee with Joe Costanza, Ken Whitehead and Larry Rorapaugh handling the anchor positions.

To our Board of Directors who worked hand in hand as Board Advisors with the committee chairmen and last, but not least, my deepest gratitude to our respected Treasurer and Acting Secretary, John Crozier, for his guidance and counsel throughout the year.

June 25 - 28, 1962 are very important dates so let's make plans now to have an excellent representation from T.A.M.P.A. at Galen Hall and score with the M.P.A. as we are cooperating with them to help make this 80th Convention one of the best ever.

Sincerely,

EDWIN M. KABERNAGEL, JR.
President



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 Secretary—NATHAN I. GRUZ
 Secretary Emeritus—MELVILLE STRASBURGER

EXECUTIVE COMMITTEE

Chairman—SAM A. GOLDSTEIN	Elected for 2 yr. term.
Still Serving 1 year	MYER STOLER
JOSEPH U. DORSCH	A. FRANK TURNER
JACOB L. RICHMAN	JEROME A. STIFFMAN
WILLIAM Y. KITCHIN	JOSEPH L. OKRASINSKI
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FRANCIS S. BALASSONE,	

PRESIDENT'S MESSAGE

BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

Dear Fellow Pharmacists:

The Baltimore Metropolitan Pharmaceutical Association continued its excellent year of programs with its May meeting featuring Morris E. Blatman, Executive Secretary of the Philadelphia Association of Retail Druggists. Although the turnout was much smaller than the other meetings held this year, it was made up by the enthusiastic response of the membership present who kept Mr. Blatman long past midnight with questions from the floor and discussion after the meeting adjourned. Mr. Blatman reviewed the developments in retail pharmacy and legislation in Pennsylvania, particularly Philadelphia, and indicated the necessity for unified efforts in solving our problems.

At this time work is proceeding on our Tenth Annual Holiday and Gift Show, to be held at the Emerson Hotel August 19, 20, 21st. Chairman Donald Fedder and his committee have produced a format for a successful show of benefit to both exhibitors and retailers. Plan to take advantage of the show specials by concentrating your buying at this show. Assist yourself and your Association by promoting participation

in the Show on the part of manufacturers, wholesalers and all who call on pharmacies. Arrange your schedule to permit you to attend. Many surprises are planned for those who attend.

In closing, I urge all of you to join me at the Maryland Pharmaceutical Association at Galen Hall June 25-28. This will give the members of the greater Baltimore area the opportunity to better know the representatives from other local pharmaceutical associations and to properly represent their own area.

Sincerely,

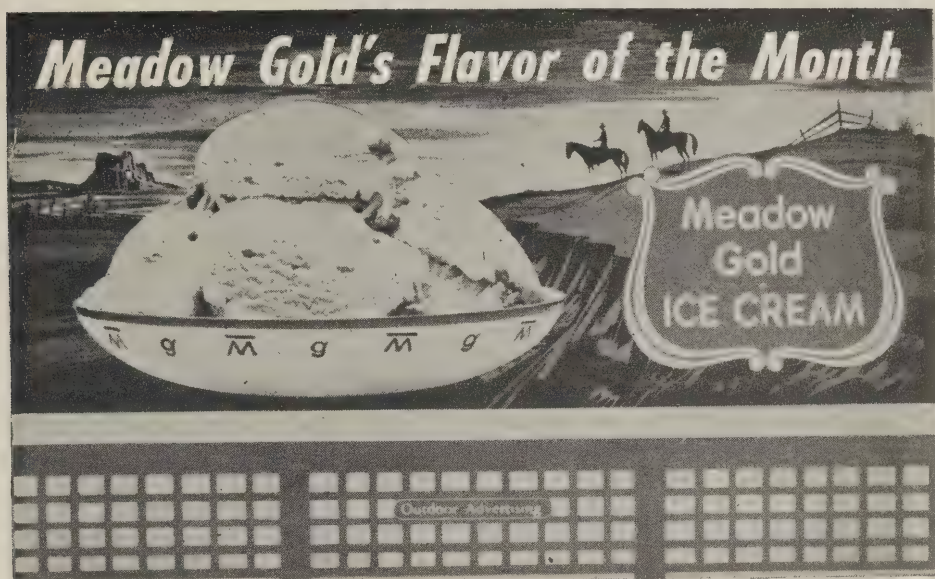
JEROME J. CERMAK

President

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Program 80th Annual Convention

MARYLAND PHARMACEUTICAL ASSOCIATION

in conjunction with the Ladies and Travelers Auxiliaries

GALEN HALL, WERNERSVILLE, PENNSYLVANIA, JUNE 25, 26, 27, 28, 1962

Registration in the Lobby beginning 9 A.M. Monday, June 25th.

MONDAY JUNE 25—FIRST SESSION—ASSEMBLY HALL

- 2:00 P.M. Convention Call to Order—President Norman J. Levin
- Opening Remarks—President Levin
- Communications
- Committee Reports
- Treasurer's Report
- Secretary's Report
- Report of the Board of Pharmacy—Francis S. Balassone, Secretary,
Maryland Board of Pharmacy
- Announcements
- Attendance Prizes
- Adjournment

ENTERTAINMENT FEATURES:

- 8:30 P.M. World Series Films of 1961—Courtesy Coca Cola—Assembly Hall
- 9:00 P.M. The Valley Dancers, followed by Square Dancing for all—Patio at Pool
- Refreshments
- Prizes

TUESDAY, JUNE 26—SECOND SESSION—ASSEMBLY HALL

- 10:00 A.M. Call to Order—President Norman J. Levin
- Early Bird Attendance Prize
- Invocation
- Report of the School of Pharmacy, University of Maryland,
Dr. Noel E. Foss, Dean
- Address of President Norman J. Levin
- Prize Drawings
- Panel Presentation: "Changing Patterns in Pharmacy"
- Moderator: Irving Rubin
- Addresses: Stanley J. Buch—"The Professional Fee Concept in
Prescription Pricing"
- Lee E. Eiler—"Progress for Pharmacist Employer-Employee
Relations"
- J. Curtis Nottingham—"The Emerging Organizational
Structure in Pharmacy"
- Discussion Period
- Announcements
- Prize Drawings
- Adjournment

ENTERTAINMENT FEATURES:

- Dinner in Western Style
- 9:00 P.M. T.A.M.P.A.: "A Night in Las Vegas". Costume Prizes
- Dancing
- Chuck Wagon Refreshments
- Prizes

WEDNESDAY, JUNE 27—THIRD SESSION—ASSEMBLY HALL

- 10:00 A.M. Call to Order—President Norman J. Levin
Presiding—First Vice President Victor H. Morgenroth, Jr.
Early Bird Attendance Prize
"What To Do About It!" Kodak color movie on meeting competition.
"Congressional Hearings—The Drug Debate". Premier showing of the Kefauver investigation.
Report of Fair Trade Committee—Simon Solomon
Prize Drawings
Panel Presentation: "Medical Care for the Aged—A.M.A. or President Kennedy's?"
Addresses: Philip H. Des Marais—"Medical Care for the Aged through Social Security" (King-Anderson Bill)
Bernard P. Harrison—"Providing Medical Care Without Government Controls"
Discussion Period on Panel Presentation
Announcements
Prize Drawings
Adjournment
- 10:30 A.M. L.A.M.P.A. Annual Meeting—Patio at Pool
Clairol Demonstration
Luncheon
Gifts for ladies

ENTERTAINMENT FEATURES:

- 9:00 P.M. Dancing—Ballroom
10:00 P.M. Broadway Show Entertainment
Refreshments
Prizes

THURSDAY, JUNE 28—FOURTH SESSION—ASSEMBLY HALL

- 10:00 A.M. Call to Order—President Norman J. Levin
Early Bird Attendance Prize
Communications
Memorial Services
Report of the Nominating Committee
Election of Officers and Members of the Executive Committee
Election of Three Nominees for Appointment of One to the State Board of Pharmacy
Prize Drawings
Adjournment of the Convention
- 11:00 A.M. T.A.M.P.A. Annual Meeting—Gold Room
2:30 P.M. Meeting M.P.A. Officers and Executive Committee—Gold Room

ENTERTAINMENT FEATURES:

- 6:00 to 7:00 P.M. Cocktail Party—Courtesy Calvert Drug Company, Henry B. Gilpin Company, Loewy Drug Company, and Muth Brothers and Company.
7:00 P.M. Annual Banquet
Pharmacy Week Awards
Installation of Officers

PLEASE NOTE:

- Badges Must Be Worn At All Times.
Banquet Tickets Available for Those Not Registered at Galen Hall at \$15.00 per person. The Banquet is considered as Part of the Hotel Convention Rate.
Breakfast will be served from 8:00 to 9:30 A.M.
Lunch will be served from 1:00 to 2:30 P.M.
Dinner will be served from 7:00 to 8:30 P.M., or as noted in program.
Donors of gifts, prizes and favors shall be announced throughout the events of the Convention.

-: NEWS ITEMS :-

1962 CONVENTION COMMITTEES

Victor H. Morgenroth, Jr., Gen. Chairm.
John F. Wannenwetsch, Treasurer
Nathan I. Gruz, Secretary

Contributions Committee: Martin Rochlin, Chairman; John A. Crozier; Joseph L. Muth; Morris R. Yaffe; Bernard Ulman, Sr.; W. Luther Skinner.

Program Committee: Nathan I. Gruz, Chairman; Victor H. Morgenroth, Jr.; Simon Solomon; Harold M. Goldfeder; John F. Wannenwetsch; Norman J. Levin; James A. Allen.

Publicity Committee: Samuel M. Sieger, Chairman; Charles E. Spigelmire; Robert Tobias; Milton A. Friedman; Alan L. Settler.

Prizes and Awards Committee: John A. Crozier, Chairman; Solomon Weiner; Alexander J. Ogrinz, Jr.; B. Dorsey Boyle; Sam A. Goldstein; Louis M. Rockman; Alfred E. Callahan.

Banquet Committee: William A. Cooley, Chairman; Louis Lindenbaum; Gordon A. Mouat; Herman Bloom; James A. Allen.

Attendance Committee: Frederick H. Plate, Chairman; William A. Cooley; George M. Brandt; Albin A. Hayman; George Teass; A. G. Leatherman; Aaron M. Libowitz; Milton E. Zentz; Irving I. Cohen.

Registration Committee: Bernard Ulman, Sr., Chairman; Louis M. Rockman; Maurice B. Brager; Richard R. Crane.

Entertainment Committee: H. Sheeler Read, Chairman; Joseph J. Hugg; Joseph L. Muth; James A. Allen; John C. Cornmesser; Bernard Ulman, Jr.; Edwin M. Kabernagel, Jr.

L.A.M.P.A. NEWS

LAMPA's annual luncheon was given on Tuesday, May 1st at the Suburban Country Club.

Entertainment chairman Ruth Levin and her committee went 'all out' to make this affair a memorable one.

Danny Diamond provided the entertainment following luncheon. His presentation, "History of the Dance", was punctuated by interpretations of various dances of bye-gone days. The program was interesting as well as amusing.

All this added up to a delightful afternoon.

FRAN ROSENFELD
Publicity

ANSLINGER TO GET REMINGTON MEDAL

The 1962 Remington Honor Medal Presentation Dinner will be held on Tuesday, December 4, 1962 at the Hotel Roosevelt in New York City.

The Remington Medalist for the year 1962 to be honored upon that evening will be Mr. Harry J. Anslinger, United States Commissioner of Narcotics. Mr. Anslinger will be the 38th person to be presented with the Remington Medal, the highest award in American Pharmacy since its inception in the year 1919.

DRUG STORE CHANGES

The following are changes in drug stores for April:

New Stores

Read Drug & Chemical Company, Arthur K. Solomon, President, 2403-05 Frederick Avenue, Baltimore 23, Maryland.

Peoples Service Drug Stores, Inc., #64, R. D. Gibbs, Secty., 12209 Viers Mill Road, Wheaton, Maryland.

"The only reason that evil triumphs is that good men do nothing."

CAUSES OF SLOW STOCK TURNOVER

1. Buying too much at a time of slow sellers.
2. Lure of large discounts for big quantities.
3. Seasonal changes.
4. Too many brands.
5. Buying from too many sources.
6. Handling goods no longer being promoted by Manufacturers.
7. Shop-Worn articles.
8. Disinterested and untrained salespeople.
9. Salespeople's lack of knowledge of stock.
10. Lack of proper stock-control records.

CALVERT DRUG COMPANY, INC.

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RALLY HELD FOR QUALITY STABILIZATION BILL

The Maryland Pharmaceutical Association has been engaged in an all-out effort to mobilize support of the Qual-

ity Stabilization Bill, S.J. Res. 159, H.J. Res. 636. The climax was the rally held at the Straus Auditorium on May 15th featuring the dynamic Senator William Proxmire of Wisconsin. Philip Jehle,



Photos courtesy of Paramount Photo Service

Upper left: Philip Jehle, Senator Proxmire, Secretary Gruz. Upper right: Senator Proxmire. Lower left: Simon Solomon. Lower center: Secretary Gruz and Senator Proxmire. Lower right: Alexander J. Ogrinz, Jr.

Washington representative of N.A.R.D., introduced Senator Proxmire. Senator Proxmire, co-sponsor of this bill, emphasized how essential this legislation is for the survival of small business and the traditional economic opportunities in this country. The Chairman of the rally was Simon Solomon, who explained important aspects of the proposed law.

Under a plan arranged by Alexander J. Ogrinz, Jr., co-chairman of the Fair Trade Committee, 848 telegrams were wired to Senators and Congressmen through the office of the Maryland Pharmaceutical Association as a result of the rally. In addition, Loewy Drug Company's telephone sales personnel took orders for telegrams. Publicity was distributed by Calvert Drug Co., H. B. Gilpin Co., Loewy Drug Co., Muth Bros. and District Wholesale Drug Co. All wholesaler's salesmen encouraged their accounts to attend.

Representatives from jewelry, gasoline, hardware, photographic supplies and other cooperated.

All mailings from the Association office were rubber-stamped to urge attendance at the rally. Earlier, mail was stamped to urge letters and telegrams be sent to Congress.

It is now essential that everyone write again to their Senators and Congressmen and, if possible, to personally visit them.

If enough retailers show interest and ACT, the Quality Stabilization Bill can be passed in 1962.

YOUTH AVAILABLE FOR PERMANENT & SUMMER JOBS

Employers can avail themselves of excellent employees for the future by broadening job opportunities for youth, both in summer work and permanent positions. If your business can use well-qualified young people, you will be helping yourself by giving some youngster the vital work experience he needs.

Many farsighted employers have gained outstanding employees by pro-

viding summer jobs to youngsters to help defray their educational expenses. In return for the opportunity to earn some money during the summer, the youngster has planned his higher education with a view to the best preparation for the employer's field.

If you are looking for permanent employees, we can refer to you pre-tested applicants who have been counseled on what employers have a right to expect of their employees.

Beginning now, the Maryland State Employment Service is getting applications from serious-minded young people who are qualified for a variety of jobs in offices, factories and service occupations. Please let us know your requirements by a telephone call to 727-5900, extension 407, or writing this office.

Sincerely,

Frederick S. Trapp, Manager
Baltimore Office

Maryland State Employment Service
1100 N. Eutaw St. Baltimore 1, Md.

SPOTLIGHT PRODUCT OF THE MONTH

COCA COLA

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Dial 123 Live Radio

**GILPIN DEDICATES NEW WASHINGTON
BUILDING
to the PHARMACISTS OF AMERICA**

At the Dedication exercises for the new Washington building of The Henry B. Gilpin Company, 117-year old wholesale drug firm, James E. Allen, President, made a special presentation to Dr. William S. Apple, Executive Director of the American Pharmaceutical Association, stating that the fundamental purpose of Gilpin's business is to serve the profession of Pharmacy, and read from a bronze plaque which says,

In recognition of the essential service pharmacists render to the health care needs of people everywhere, we respectfully dedicate this building to the Pharmacists of America as an expression of our appreciation and esteem for the profession.

The Henry B. Gilpin Company

May 6, 1962

Nearly 500 guests attended the reception and toured Gilpin's new headquarters offices and the Washington Division wholesale drug distribution center.

Remarks by William S. Apple, Executive Director, American Pharmaceutical Association, at the Washington Building Dedication Ceremonies of The Henry B. Gilpin Company, Washington, D.C., May 6, 1962.

Thank you Mr. Allen. The pharmacists of America are truly honored by your dedication to them of this handsome and outstanding building. Your declaration of pharmacy's essential service to the public health and welfare will serve as an incentive for even greater public service.

Dr. Luffberry, Rabbi Segall, Governor Tawes, Mr. Roberts, officers and staff of the Henry B. Gilpin Company, fellow pharmacists, ladies and gentlemen.

I am fortunate to have many duties, responsibilities and challenges as Executive Director of the American Pharmaceutical Association. I can assure you, however, that none is more pleasant than my participation in an event as auspicious as this one today.

We have gathered to dedicate a building of the future. What that future will be like, we do not know. Rapid advances in technology, the conflict of political ideologies, changes in customs and modes of individual life all portend great ferment and challenge. The health care field, alone, is fraught with potentialities for service and achievement. This new facility will play a part in that service and achievement I am sure.

The Henry B. Gilpin Company and its staff have served the pharmacists, and through them the people, of this area for 117 years. Longevity such as this attests to your vital task and to the trust and respect you have earned therein. The Gilpin Company has achieved an honored place among the pharmaceutical wholesalers of America. This group renders a comprehensive social and economic service by serving as the link between the pharmaceutical manufacturer and the pharmacy. Because of your work, the wonders of science and medicine are immediately available through professional channels to every man, woman and child in this area.

The Gilpin Company and its 350-member staff are constantly developing new and better services to the pharmacist and manufacturer. Your electronic data processing equipment provides speed, accuracy and dependability. Your personal services, advice, design and service counseling, and your drug information programs are invaluable to the more than 1,500 pharmacies you serve in these six Eastern states. This does not surprise me, however, for your history as a full-line, full-service wholesaler shows many achievements.

Pharmacy is a composite of all the profession's practitioners. It is the com-



The Ribbon Cutting ceremony was performed by James W. Roberts, Sr., Chairman of the Board of The Henry B. Gilpin Company; Dr. William S. Apple, Executive Director of the American Pharmaceutical Association; James E. Allen, Gilpin's President; and James C. Morton, Executive Assistant to the Governor of the State of Maryland.



Guests have a first hand look at the order assembly line and the nearly 30,000 drug products in inventory.

munity practitioner who serves the prescriber and patient directly, it is the practitioner in education, in research, in government service, in manufacturing and in distribution. Each practitioner and his specialty is as essential as the others. But, they all have the same basic, vital identification. They are all pharmacists. That is why the American Pharmaceutical Association serves and represents all pharmacists, no matter what their special field of applied interest may be.

Pharmacy is an institution. Like medicine, it has served the health needs of society for thousands of years. It has compiled vast scientific and technical knowledge and has contributed these to the public through readily available professional services and effective medicaments. It has and does fill a public need for continuous good health.

Despite this record, I think you will agree that pharmacy faces a multitude of complex problems today. Some threaten our professional and personal survival. Others point to new opportunities for professional service and personal success. The situation demands a fully mobilized effort. Every pharmacist, as well as every facet in the pharmaceutical complex, must accept a full share of responsibility for serving public health and advancing the profession.

The public today is tense, impatient, sophisticated, disillusioned and faddish. They yearn for a quick-cure, for security, for status, for convenience and for something to cling to. They want a tradition, a reliable philosophy that will sustain and carry them through all vexing situations.

Is it any wonder then that they heed the clever cries of some who tell them they are being cheated and hoodwinked on the costs of medical care? Is it any wonder that they encourage the government to slowly, irrevocably extend its central power and control into everyday life? Pharmacists are cognizant of these developments because of their

daily, intimate contact with the public.

Under such conditions, pharmacy can expect several developments. There will be further public inquiry into pharmacy by national, state and local governments. There will be implementation of government welfare programs involving pharmaceutical services. There will be more efforts by lay officials to impose their inadequate knowledge on how pharmacy should serve the public and how pharmacists should be compensated for it.

There will be further government actions to usurp, restrict or circumvent professional privileges. The hustlers and the merchandisers will continue to ride the craze of the discount and the cut-rate and seek to put pharmacy in their bazaars as a traffic builder department. And, finally, the public will continue to complain about the price it has to pay to stay well.

There is another challenge, perhaps not so obvious or dramatic, that in the near future could overshadow the problems now receiving our attention. Today, some pharmacists are full-time professionals in an acceptable professional environment. Others are full-time professionals in an environment neither wholly acceptable to them or the profession. The remainder become part-time professionals in an assortment of environments varying in professional acceptance. The result is that the majority have not found personal satisfaction.

Some will say that today's pharmacists have satisfactions undreamed of 25 years ago. That's true, but almost all of these satisfactions are materialistic things—higher pay, shorter hours, better fringe benefits and so on. As important as these things are, there is still the basic, personal satisfaction a professional man also needs and wants—use and perfection of his specialized skills, professional recognition and a chance to contribute to the welfare of his fellow man.

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As Thomas Wolfe said: "If a man has a talent and cannot use it, he has failed. If he has a talent and uses only half of it, he has partly failed. If he has a talent and learns somehow to use the whole of it, he has gloriously succeeded, and won a satisfaction and triumph few men ever know."

In the future, young men and women entering pharmacy must have the opportunity to become full-time professionals in environments which offer the personal satisfaction of serving mankind and self. This is a neglected challenge facing the profession.

The forward thrust of our profession must come from the total, voluntary effort of all pharmacists and specialists allied with them in the profession. When members in one of the specialties degrade the profession or abuse its privileges, the profession as a whole suffers. Self-discipline, self-restraint and a rededication to the basic ethics and principles of the profession are absolutely necessary to our future.

The Code of Ethics of the American Pharmaceutical Association says it better than I can. It states: "The primary obligation of pharmacy is the service it can render to the public in safeguarding the preparation, compounding, and dispensing of drugs and the storage and handling of drugs and medical supplies."

You men and women, by your very duties and positions, are allied members of the profession of pharmacy. As the staff of the Henry B. Gilpin Company, a leading pharmaceutical wholesaler, you are serving the public health through the distribution to pharmacists of life-saving and life-giving medicinals. Your accomplishments, your public-spirited attitudes, and your integrity and reliability are proof of your dedication to this service.

The pharmacists of America consider you partners in the progress and history of the profession. That is why your dedication of this building means so

very, very much to us. Though we know not what the future may bring, we do know that together we can meet it with confidence and purpose.

BLUE CROSS SUBSCRIBERS RECEIVE \$1.8 BILLION IN HOSPITAL BENEFITS NATIONALLY DURING 1961

Blue Cross subscribers across the nation shared \$1.8 billion in hospital care benefits during 1961, according to a recent report from the Blue Cross Association—national coordinating agency for the country's Blue Cross Plans. The benefits represented 92.1 per cent of Blue Cross' total national income, while the remaining 7.9 per cent went for administrative expenses and into reserves.

The prior record for total benefits was established in 1960 when Blue Cross nationally provided \$1.6 billion in hospital care benefits.

In Maryland during 1961, subscribers received a record \$35.3 million in hospital care benefits, more than \$4.8 million than was provided in 1960. These figures show that the Maryland Blue Cross Plan paid back to subscribers, in the form of benefits, 95.7 per cent of total subscription income—3.6 per cent above the national average benefit return.

BOARD OF PHARMACY NEWS

Howard L. Gordy of Salisbury has been appointed by Governor Tawes to the Maryland Board of Pharmacy to fill the vacancy of S. Earl Webster of Cambridge. Mr. Webster was cited by the Board for his many years of devoted service.


NOXZEMA CONVENTION SPECIAL TREAT

The Noxzema Chemical Company, a Maryland institution, has contributed an ample supply of its sun-tanning preparation HIGH NOON for distribution to those attending the Maryland Pharmaceutical Association Convention at Galen Hall. Why burn when you can tan with HIGH NOON?



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ANTICANCER AGENTS REPORTED BY LILLY

Two anticancer agents obtained from the ornamental shrub *Vinca rosea* Linn., or periwinkle, have been determined to be closely related chemically in spite of striking differences in their biological activities.

Reporting in the *Journal of the American Chemical Society*, a team of chemists of Eli Lilly and Company gives the structural details of the agents, vincalkebostine (VLB) and leurocristine (LCR). The chemists show that the two are dimeric alkaloids differing only in a single chemical group attached to a nitrogen atom.

Yet preliminary clinical reports presented recently before the American Association for Cancer Research brought out that LCR is very active against acute lymphocytic leukemia—the major leukemia of childhood—while VLB, by contrast, is known to have little effect on this disease.

On the other hand, reports to the cancer association on LCR suggested that it may be less effective in the treatment of Hodgkin's disease than is VLB.

Even more difficult to explain scientifically is some early evidence that there may be no cross-resistance between the two nearly identical *Vinca* drugs. There have been cases where a tumor that grew resistant to one of them then responded promptly to the other.

The Lilly chemists report that VLB and LCR are C₄₆ compounds, formed by the joining together of two moieties very closely related to two known inactive alkaloids—catharanthine and vindoline—which are found in large amounts in the *Vinca* plant.

The catharanthine, or indole-containing, portion of the molecule contains twenty-one carbon atoms while the vindoline, or dihydroindole-containing, part has twenty-five. The two parts are held together by a novel carbon-to-

carbon bond which has not been seen before in dimeric alkaloids of comparable size.

The vindoline end of this chemical bond is at the 15-position in the aromatic ring. The catharanthine end has been postulated to be at the 3'- or 4'-position. Resolution of this fine detail will complete the structure determinations.

The difference between the molecules occurs at the anilino nitrogen—N^(a)—in the vindoline moiety. LCR has a formyl group attached at this 1-position, where VLB has a methyl group. Thus LCR is des-N^(a)-methyl-N^(a)-formyl-VLB.

The structural details were determined by chemical cleavage of the molecules; chromatographic separation of the fractions; elemental analysis; physical methods, including infrared, mass, nuclear magnetic resonance, and ultraviolet spectroscopy; and electro-metric titration. Of great help was the earlier determination by Lilly chemists of the complete structures of catharanthine and vindoline and knowledge of their degradation products.

The JACS report is by Norbert Neuss, Ph.D., Marvin Gorman, Ph.D., and Mrs. Nancy Cone, organic chemists; and Harold Boaz, Ph.D., physical chemist.

When considered as a drug rather than a chemical, VLB has the generic name vinblastine, while LCR is known generically as vincristine.

Vinolastine, as the sulfate, is made available to physicians by Lilly under the trademark Velban. It is for the treatment of generalized Hodgkin's disease and choriocarcinoma resistant to other therapy.

Vincristine is a highly potent drug still in the early stages of clinical study and not yet ready for broad-scale evaluation, the Lilly company said.

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DEDICATED PHARMACISTS OVER 60 YEARS AGO CREATED AN INSURANCE COMPANY TO ANSWER PHARMACISTS'S NEEDS

It was during 1902, 1903 and 1904, that the druggists of America were up in arms in protest against the treatment accorded them by most fire insurance companies. There was a definite feeling that fire insurance rates on drug stores were much too high and many druggists had suffered bitter and disappointing experiences arising out of the adjustment of fire losses which had occurred in their drug store.

This matter had been brought to the attention of several pharmaceutical and drug associations. In particular, at the Annual Convention of the National Association of Retail Druggists in 1904, held in St. Louis, there was a considerable amount of time devoted to the problem.

As a result of the discussion at that time, a committee was appointed to investigate the matter and to determine whether the retail druggists of America should possibly form an insurance company of their own, to augment, and possibly finance the National Association of Retail Druggists.

At the 1905 convention this committee reported their findings and indicated that in their opinion, such a venture would be worth-while. However, after consideration and discussion, the Convention turned down the suggestion as made by the committee. Thereafter, several of the gentlemen active on the committee, who had investigated the matter at some length, were of the opinion that such a venture could be worth-while and would certainly serve the drug trade in a most useful manner.

As a result of the investigation made by the committee and the interest stirred in the minds and hearts of the gentlemen composing that committee, steps were taken to organize a fire insurance company to serve the druggists and to be owned by the drug trade of the country.

Organization was started and a corporation was formed in Cincinnati, Ohio, that being the home of one of the leaders of the group, Mr. Frank H. Freericks, a druggist and lawyer, with offices and a retail drug store in Cincinnati. Authority to do business in Ohio, was arranged and stock was sold to the druggists of the country, although the actual selling of that stock and the raising of the necessary capital was truly a difficult problem at the time. However, the corporation progressed and was authorized for business in 1906 and actually, wrote its first policy in 1907.

The Company first operated in Ohio, but slowly and gradually spread through other states of the country. Its practice was to write a very modest policy, covering only on the stock of merchandise of retail drug stores. It made a cost saving to its druggists policy holders from the very beginning by reducing the established rates then charged for fire insurance by other capital stock insurance companies. It also provided, and still provides, a loss adjustment service designed for the benefit of druggists.

As the Company grew and as its assets increased to the point that such would be safe and conservative, the size of the policy which the Company would provide was increased and the Company expanded into other states, until at the present time, it is operating and doing business in 39 states of the country.

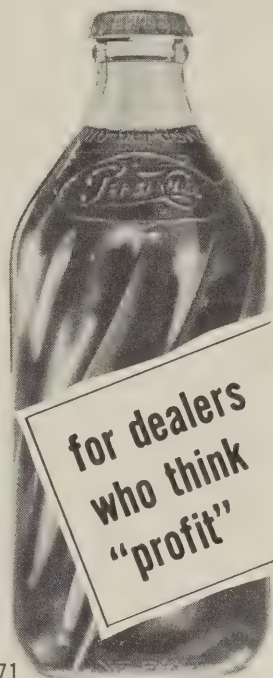
— Originally, only fire insurance was provided. Then, damage by lightning was added, followed by wind damage. Other coverage and perils were provided from time to time and expansion was arranged, so as to insure drug store fixtures and later, even drug store buildings. Of course, at the present time full lines of insurance are provided to the retailer, not only for his store but also on his home and other properties.

The original company name, The American Druggists' Fire Insurance Company, was changed by dropping the

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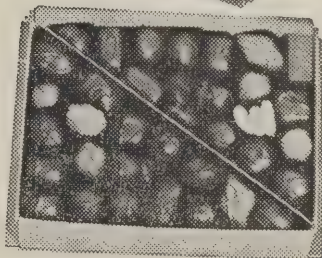
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word "Fire" at the time that casualty insurance lines was added.

At the present time, the Company will write a policy of adequate amount, insofar as the value of the normal retail drug store is concerned. The Company has always been owned and controlled by retail druggists and now has approximately one thousand stockholders, practically all of whom are connected with the drug trade, in one way or another. It is represented by independent agents in the 39 states and does render and extend a service to the drug trade of those states. While there are other druggists' insurance companies who operate in smaller sections of the country, only the American Druggists' Insurance Company is specializing in providing insurance service to the entire drug trade throughout the nation, from coast to coast.

When liability and casualty lines were undertaken in 1956, the coverage

line was complete. The Company has come to be a leading insurer of druggists, providing them with full protection, including malpractice coverage, which protects against claims made when it is suggested that an error has been made in the filling of a prescription or in the operation of their store.

The Company has now reached a financial stability which has made it one of the strongest insurance companies in the country.

Its assets now exceed \$4,000,000.00 and the saving it has made to policyholders throughout its history, approximately \$5,000,000.00, all of which has been saved by the retail drug trade in the cost of insurance.

The Company is at the service of everyone connected with the drug trade and can provide excellent insurance facilities.

Thus, the aims, hopes and dreams of those dedicated pharmacists of almost



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sixty years ago, have been carried to fulfillment and will continue to benefit the drug trade of the country. They worked hard and provided well, to create "the druggists own insurance company," a wonderful demonstration of what can be accomplished by a determined and cooperative effort by druggists, to correct a situation and solve a problem then needing attention.

LABELING OF LOZENGES

Over-the-counter drugs for minor sore throats; suggested warning. The Food and Drug Administration has studied the problem of the labeling of lozenges or troches containing antibiotics and a local anesthetic, chewing gum containing aspirin, various mouth washes and gargles and other articles sold over the counter for the relief of minor irritations of the mouth or throat. It will not object to the labeling of suitable articles of this type "For the temporary relief of minor sore throats," provided this is immediately followed in the labeling with a warning statement in prominent type essentially as follows: "Warning—Severe or persistent sore throat or sore throat accompanied by high fever, headaches, nausea, and vomiting may be serious. Consult physician promptly. Do not use more than 2 days or administer to children under 3 years of age unless directed by physician."

HOSPITAL COSTS INCREASE 6.31%

General hospital costs in Maryland increased 6.31 per cent to \$33.02 per day during the first half of 1961 compared with the same period in 1960, the Hospital Cost Analysis Service recently reported.

HCAS, an independent nonprofit corporation organized in 1960 to determine patient care costs in Maryland hospitals, prepares its reports by conducting systematic, on-the-site examinations

of the hospitals' financial and statistical records, thereby determining actual patient-care costs. The new report also showed the percentage of payroll costs in the first half of 1961 amounted to 63.39 per cent of a hospital's total expenditures, exclusive of depreciation.

HCAS is governed by a 10-man board of directors, including four persons appointed by the Governor from four geographic areas of the state and one each by the Maryland State Board of Health, the State Insurance Commissioner, the Maryland Association of Certified Public Accountants, the Maryland State Bar Association, Blue Cross and the Hospital Council.

APOTHECARIES CONVENTION SEPTEMBER 11-14, 1962

The Annual Convention of the American College of Apothecaries will be held in Kansas City, Missouri on Tuesday, Wednesday, Thursday and Friday, September 11, 12, 13 and 14th according to an announcement by Wilkins Harden, A.C.A. President. Hotel headquarters for the sessions will be the Hotel Muehlebach and a comprehensive program of direct interest to the practicing pharmacist has been planned and will be announced shortly. Some of the topics which will be considered will include a panel discussion of the Pros and Cons of the Fee Concept. Some of the changes in methods of offering pharmaceutical services will also be presented.

A women's program is also being planned and the meeting will highlight the presentation of the J. Leon Lascoff Memorial Award to the pharmacist who has made outstanding contributions to the advancement of professional Pharmacy.

All pharmacists are invited to attend the A.C.A. convention and registration information will be available from the office of the College, 39th & Chestnut Street, Philadelphia 4, Pennsylvania by July first.

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PHARMACISTS WORK FOR BETTER COMMUNITY HEALTH

(First of a series of articles)

Government Service as a Career For Pharmacists

The career opportunities for the pharmacy student who gives serious consideration to the service of his government are varied and many. He should weigh carefully the merits of a permanent government career against the immediate financial inducements which retail pharmacy currently offers the young graduate. There are many intrinsic and cumulative social benefits in government service which cannot be appreciated initially but which develop when a twenty or thirty-year career program is considered.

Government service, for the pharmacist, can be divided into two broad fields: (1) civil and (2) uniformed and military. Each of these areas offers steady employment, adequate compensation and allowances, annual and sick leave, medical and health benefits, and retirement programs. In addition, all of the uniformed services and the Veterans Administration have programs for additional education and training at the graduate level with little cost to the pharmacist and with the promise of an enlarged career field. These same agencies also draw upon their pharmacists as a source of personnel with the necessary background in education and training to qualify for broader administrative or executive careers.

The Veterans Administration

Registered pharmacists with the Veterans Administration enter under Civil Service regulations; basic salaries are comparable to those in other professions and depend upon previous education and experience. Positions in the higher grades are generally filled through promotion rather than by initial appointment. VA hospital pharmacists may also branch out into the VA supply service and into other administrative positions in hospitals, re-

gional offices, or even the national headquarters.

Other Civil Service Positions

Although they are not organized as formal pharmacy services, a limited number of career opportunities are open to registered graduate pharmacists because of their scientific training, education, and experience. Careers may be found in the laboratories and investigative services of the Federal Food and Drug Administration, in the Treasury Department's Internal Revenue and Narcotics bureaus, in the laboratories of the Agriculture and Interior departments and of the Federal Bureau of Investigation, in the procurement and supply functions of the General Services Administration, and in advisory positions with the Commerce Department. In most of these agencies, pharmacists are not utilized as such, but there is adequate demand for their professional talents and training to qualify them for important positions. As with the Veterans Administration, employment is under the Civil Service system, and benefits are the same. Entrance salaries vary with the position obtained.

The U.S. Public Health Service

The U.S. Public Health Service provides medical services for the U.S. Coast Guard and the federal prisons, as well as for its own hospitals, Marine and Indian hospitals, laboratories, investigational centers, and clinics. Thus, a wide group of career opportunities may be found in this bureau. In all of these agencies, the pharmaceutical duties are performed by pharmacists who are commissioned officers in the U.S.P.H. uniformed service. These officers are compensated on the same basis as are those in the Armed Forces. They have the same allowances, sick and annual leaves, equal promotion possibilities and retirement programs, and the opportunity to serve at some of its worldwide stations. Service as a commissioned officer in the U.S.P.H.S. fulfills Selective Service obligations, provided the officer

is on active duty for two years. However, if the pharmacist is appointed as a pharmacy intern, he must serve two more years after completing the pharmacy intern program in order to meet his military obligation.

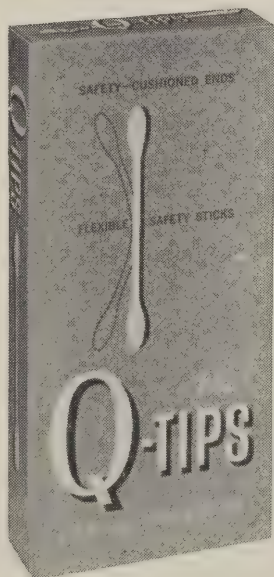
The Armed Forces

Improvement of pharmaceutical services within the Armed Forces has resulted in a greater demand for graduate pharmacists and a better opportunity for professional employment and advancement. The prospective pharmacy student or pharmacist who enters one of the Armed Forces on a voluntary basis should select the branch he wants—Army, Navy, or Air Force. Numerically speaking, because of their greater officer strengths, the Army and Air Force Medical Service Corps offer more opportunities than does that of the Navy, but all three provide the same chance for advancement. To maintain the quality of the pharmaceutical services of

the Armed Forces, more young pharmacy graduates should carefully consider a career with the military. In addition to using their purely professional background, they can branch out into associated fields, such as supply, administrative, and executive posts, research and development, laboratory assignments, positions in schools of the Armed Forces, logistics, or command of medical corps units and depots.

Opportunities and benefits for the pharmacist in government service—in either a civil or military capacity—are more impressive than ever before. Regular hours, good assignments, medical and retirement benefits, steady advancement over a long career, and additional educational possibilities are factors which must not be overlooked in weighing the potentials of government service against those of pharmacy in civilian life.

—From Eli Lilly & Co.



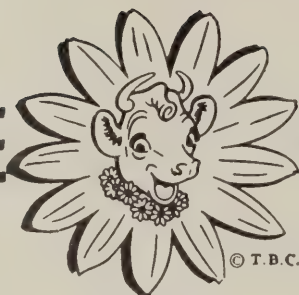
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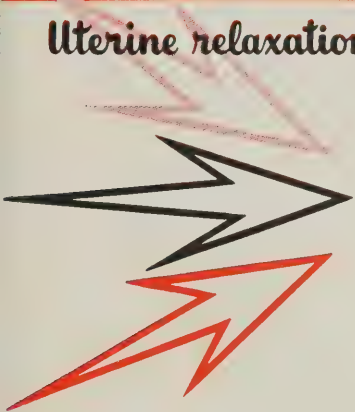


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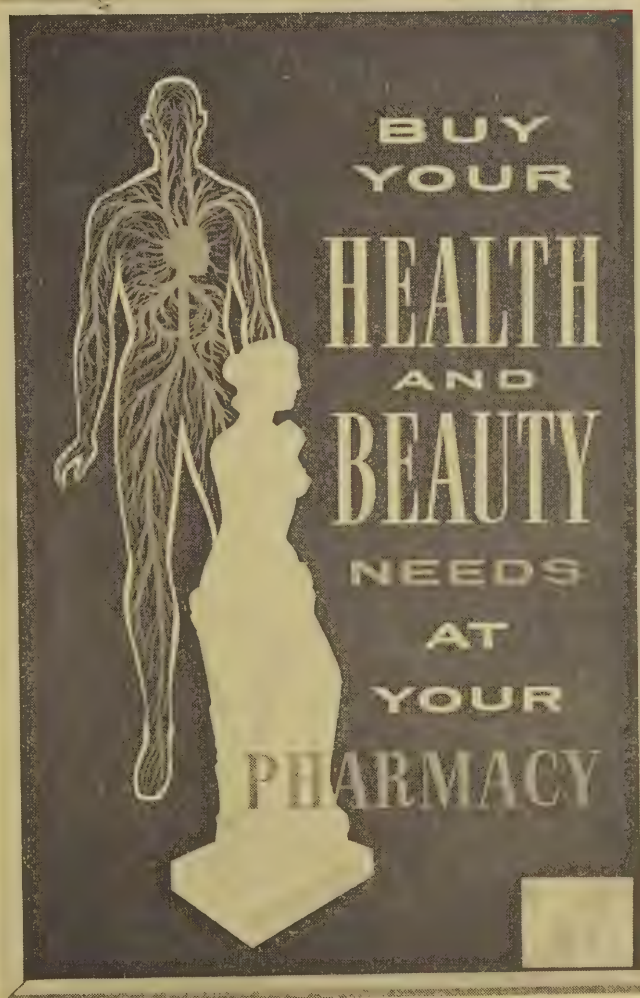
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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XXXVII

JUNE, 1962

No. 9

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... Editorial ...

We have been suggesting in our editorials that pharmacists must fight for what is best for the profession of pharmacy, limited only by the overriding priority of the general public interest. Pharmacists, individually and jointly through their associations, should not blindly follow the line of what others in the medical and pharmaceutical complex tell them is in pharmacy's best interest.

Here is what Marc Woodward, Executive Director of the Health News Institute, a drug industry sponsored public relations organization, stated at the Joint Pharmacy Seminar at Wayne State University, Detroit, Michigan, February 23, 1960:

"No member of the health structure of the United States is independent of any other. The pharmacist, the physician and the pharmaceutical manufacturer are all inextricably bound up with each other. An attack on one element of the health team is an attack on the entire team. The public holds the pharmacist equally responsible with the manufacturer when it comes to drug prices. The physician is held equally responsible with pharmacists and manufacturers for the cost of illness. We must act together. For, if we do not, we will all be the losers. The manufacturer, the pharmacist, the physician, and, in a truly tragic sense, the patient . . . the American public."

Pharmacists have been cooperating in this spirit with the pharmaceutical industry to try to defend the industry under its attack by Senator Kefauver.

How have pharmacists been rewarded?

On May 24th, two prominent spokesmen for the PMA (Pharmaceutical Manufacturer's Association), anxious to disclaim any re-

sponsibility on the part of the drug industry for the "high cost of drugs," finally shunted the blame for drug prices on the traditional whipping boy — the community pharmacists at the **retail** level.

Dr. Vannever Bush, prestigious scientist and recently retired Chairman of the Board of Merck and Company, stated before the House Antitrust Sub-committee:

"I believe the cost of drugs to the user can be reduced. The reason for the high cost of drugs does not lie in **undue** profits realized by the **pharmaceutical industry**. If an individual goes into a drugstore and pays a dollar for a prescription, four or five cents of that dollar represents profit to the concern which made it. If we knocked out all the manufacturer's profit, we would not reduce the cost much, and soon we would have an industry in distress. I think some drug prices are too high. There are many reasons for the high prices of drugs, but high profits in the drug industry is not one of these reasons. Price competition does not work as good as it should with drugs.

"The medical profession could help greatly, if they would advise their patients where they know there are drugstores charging a reasonable price and giving good service."

"Do I understand you correctly," Subcommittee counsel Johnson asked, "you believe Fair Trade is responsible?"

"The difficulty occurs," Bush replied, when the drugstore charges a price above Fair Trade. "If the physician is any good, he knows where the drugs are to be found at a good quality and reasonable price." On detailmen and advertising, Bush said he objects to these costs, but considers them a necessary part of doing business. Competition in the



ONLY A FEW DAYS BETWEEN SODAS

You see it happening to youngsters time after time—one day ill with fever, sore throat, chest pains... a short time later back at your store working on ice cream sodas. And almost always it is an antibiotic that turns the trick—Terramycin Syrup, for example.

For you, of course, these triumphs of modern drug therapy are nothing new. You know that the rapid recovery of these children, with less worry and economic strain for parents, follows a pattern that has become almost commonplace with the availability of modern antibiotics. You can remember when recovery itself was more uncertain, convalescence more extended, cost and care more burdensome. Do all of your customers appreciate the significance of these advances?

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drug industry is "mostly quality competition," Bush said.

In a Fair Trade state where there is no variation in retail price, Johnson asked, wouldn't the only answer be a lowering of **wholesale prices**? Bush insisted there is retail price variation, generally.

Yale Law Dean Eugene V. Rostow, who presented the PMA's legal-economic case, helped throw stones at the old scape goat — pharmacists — in the following exchange. When Congressman Celler, a Fair Trade foe, asserted "Maybe your wholesale prices have gone down, but **not your retail prices**" Celler asserted. "I couldn't agree more," Rostow replied.

It is America's pharmacists who face millions of citizens daily as they hand millions of filled prescriptions to their patrons in the 55,000 pharmacies of this land. Pharmaceutical manufacturers are remote, faceless entities.

Pharmacists have been acting as members of the health team. They have

explained industry expenses concerned with research, administration, distribution and selling expenses. They have explained the role of reasonable profits in plant investment, research and development.

The pharmacists who man the firing lines in our nation's pharmacies are performing a public service for the nation's health. Their contribution in effort, long hours, financial risks and, above all, the discharge of their professional responsibilities, deserve better treatment before Committees of Congress on the part of pharmaceutical industry spokesmen.

Let us hope this is the last of making scape goats out of pharmacists.

The increasingly stronger, more united and more mature profession of pharmacy must assume the leadership in representing both the profession's and public's interests in respect to drug matters.

Let's have pharmacists speaking for pharmacy.

SMITH KLINE & FRENCH INC.

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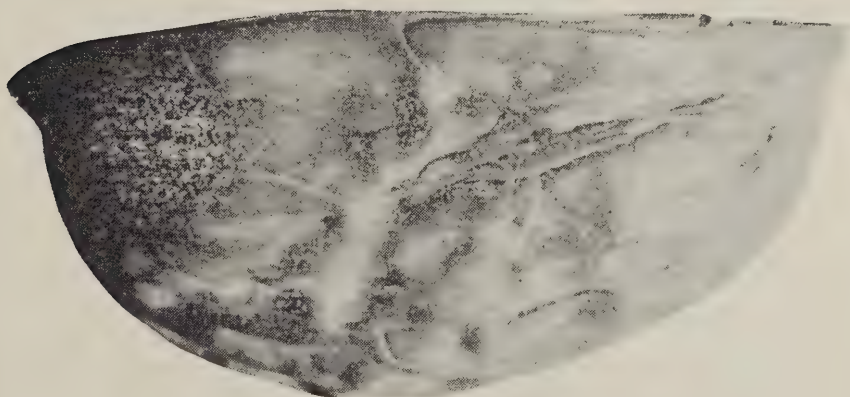
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PRESIDENT'S MESSAGE

This message in the June issue of the Maryland Pharmacist is my farewell note in my capacity as President of the Maryland Pharmaceutical Association.

During my tenure in office, many problems of both a national and state-wide nature have beset us. I believe we have been able to take some important initial steps in our pharmaceutical battles.

The Association has been vigorously supporting the effort for the national Quality Stabilization Bill. We must continue to respond to every call the Association makes in support of this vital bill.

Some of the important issues confronting us were part of the program of this year's Convention of the Maryland Pharmaceutical Association. Those who attended received the benefits from outstanding speakers and lively discussion from the floor. No one pulled any punches. Those who did not attend missed a Convention that was tops in pharmaceutical programming and tops in entertainment. Pharmacists who do not attend our Conventions are missing out on an event that helps them both professionally and economically. I hope all of you resolve now to attend next year's Convention in Atlantic City—combine business and pleasure.

I am grateful for the support of the membership and for the cooperation of the officers, Executive Committee and committee chairmen. Together we were able to serve the Maryland Pharmaceutical Association in its fight for our professional objectives.

It is my earnest hope that you will accord our new president and his administration the excellent support and cooperation you gave me.

Sincerely,

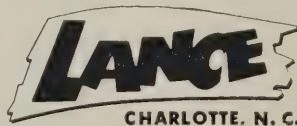
NORMAN J. LEVIN
President

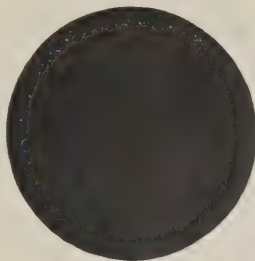


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- Newspaper mats—two-column advertisements (with ample space for your pharmacy's name and address) defending the profession of pharmacy—suitable for use in your local newspaper or for reprinting as handouts for your customers.

To take advantage of these services yourself, write to Smith Kline & French Laboratories, 1500 Spring Garden Street, Philadelphia 1, Pa.

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Secretary's Script...

A Message from the Executive Secretary

FAIR TRADE — THE FINAL LAP

Since the beginning of 1962, when all the groups committed to securing national legislation for price resale maintenance and quality stabilization united, the efforts of the Maryland Pharmaceutical Association have been directed to obtaining the maximum participation of all elements of the drug industry and other groups in the drive for this law.

This has been a long drawn out fight. Many of you have responded admirably in this battle which is in the best interest of both free, independent business enterprise and the welfare of the economy of this country. This battle, we all know, is not only for the survival of professional and commercial opportunity in this land, it is also in the long term interest of our economy. Every citizen has a vital stake in this fight.

Now, as we go to press, we are in the **final lap**. As in every contest, the last lap tells the story.

Whatever you may have done already, do this **TODAY**:

1. Write or wire Senator John Marshall Butler and Senator J. Glenn Beall, Senate Office Building, Washington 25, D.C.
2. Write or wire YOUR Congressman, House Office Building, Washington, 25, D.C.
3. Telephone your Senators and Congressman.
4. Make it a point to take a day off and **VISIT** your Senators and Congressman.
5. Talk to other business people — get just two or three to carry out steps 1 through 4 above.

When the vote is taken, make sure you can say: "I have done everything

possible to show my representatives in Congress that the Quality Stabilization Bill (S.J. Res 150—H.J. Res 636) is absolutely essential to the survival of my profession and business. Without it free enterprise and opportunity cannot exist. A vote for this bill is a vote for the continuation of the kind of society that has helped make America great."

Sincerely,

Nathan J. Gray
Executive Secretary

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Greenmount Pharmacy, Harry Glick,
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more 2, Maryland.

Lavin's Pharmacy, Bernard Lavin,
Proprietor, 1600 Druid Hill Avenue, Bal-
timore 17, Maryland.

Leland Pharmacy, Milton M. Zinberg,
Proprietor, 7007 Wisconsin Avenue,
Chevy Chase, Maryland.

THE FOLLOWING ARE CHANGES IN PHARMACIES IN THE STATE OF MARYLAND FOR MAY AND JUNE

New Stores

Atholton Pharmacy, Inc., Richard T.
Harman and J. Ernest Snellinger, Pro-
prietors, Atholton, Maryland.

Read Drug & Chemical Company, Ar-
thur K. Solomon, President, Parole
Shopping Center, 25 Parole Plaza, An-
napolis, Maryland.

Change of Ownership

Chase Pharmacy, Professional Phar-
macies, Inc., Morris Bookoff, President,
17 W. Chase Street, Baltimore 1, Mary-
land. Formerly: Chase Pharmacy, Inc.,
Mrs. Anna C. Norton, President.

Drug Lane, Inc., Marvin Freedenberg,
President, 5926 Riggs Road, Hyattsville,
Maryland. Formerly: Drug Lane, Irving
H. Folus, President.

Hilton Court Pharmacy, Inc., John C.
Hagan, President, 3301 Liberty Heights
Avenue, Baltimore 15, Maryland. For-
merly: Hilton Court Pharmacy, Manuel
Abramowitz, Proprietor.

Mercer's Rexall Drug Store, Mrs.
Grace R. Mercer, Proprietor, 243 N.
Market Street, Frederick, Maryland.

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Millers Forge Manicure Implements
Jones Enamelware
Gillette, Gem, Razors and Blades
Schick Blades and Razors
Eaton High Grade Stationery
Becton Dickinson Products
Kotex, Kleenex, Modess, Yes
Tampax
Doeskin Products
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SUSPENSION



**A new medical preparation for the treatment of dandruff—afforded
95% control of dry or oily dandruff symptoms in 714 cases studied**

What is Ioquin? Ioquin is a non-toxic suspension of 10% w/v diiodohydroxyquin (U.S.P.) in an aqueous base pleasantly scented with lavender. It washes hair clean, as it effectively controls dandruff.

How Effective is Ioquin? In clinical trials, Ioquin produced satisfactory control in more than 95% of 714 patients studied. The patients were about evenly divided between men and women, and patients ranged in age from two months to eighty years.

How Safe is Ioquin? The investigators found Ioquin to be extremely well tolerated . . . even by patients treated regularly over a period of several months. However, some patients may be sensitive to the ingredients in Ioquin. And patients with known iodine sensitivity should use Ioquin with caution.

How do you use Ioquin? Treatment with Ioquin is a simple wash and rinse procedure. Most cases of simple dandruff can be brought

under control in two to three weeks and kept under control with weekly applications (some cases are controlled with even less frequent applications).

What are the Indications? Ioquin is indicated for the treatment of mild or severe seborrheic dermatitis . . . *and is equally effective for dry or oily types of seborrhea.*

How is Ioquin Supplied? Ioquin is supplied in 115-ml. (4 fl.oz.) green plastic squeeze bottles. Handy for the shower. List No. 6907.

In Summary . . . Ioquin is an effective new preparation for the treatment of common dandruff, including difficult and long-standing cases. It has been shown to be safe and effective in clinical trials. It is a professional product in every sense of the word. It will be detailed to physicians and sold through the drug trade only. For complete details, see your Abbott man, or drop us a line... we'll be happy to send you the literature. 205239



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School of Pharmacy, University of Maryland, News

ANNUAL MEETING OF THE ALUMNI ASSOCIATION OF THE SCHOOL OF PHARMACY, UNIVERSITY OF MARYLAND

Reported by B. Olive Cole

The Annual Meeting of the Alumni Association of the School of Pharmacy of the University of Maryland was held on May 12, 1962, 8:00 P.M. in the Student Union Building on Lombard Street.

President James P. Cragg, Jr. welcomed the members and friends and gave a short resume of the activities of the year, expressing appreciation at having served as President with cooperative committees, which successfully planned and executed the many affairs of the year. He particularly mentioned the ALUMNI BULLETIN of the Association which has been published four times since January 1961 by Milton A. Friedman and Nathan I. Gruz as editors, which publication has been welcomed and enjoyed by alumni and friends.

Dean Noel E. Foss expressed the appreciation of the school for the continued support of the Association in providing \$400.00 annually to secure a like amount from the American Foundation for Pharmaceutical Education for tuition for undergraduate students, and also mentioned grants which had been received for use of research.

Executive Secretary Frank J. Slama read communications from members and organizations.

H. Nelson Warfield gave the annual report of the treasurer, which showed a healthy increase in finances, including money from the Souvenir Program of the party held on February 22nd, as well as contributions for the Scholarship Fund. The treasurer's report was audited by Mrs. Frank M. Budacz, Frank L. Black and John F. Wannenwetsch.

The following reports were received

from the Chairmen of Standing Committees:

- Executive Committee—
Irving I. Cohen
- General Chairman—
Samuel A. Goldstein
- Souvenir Program Committee—
Harold Levin
- Ticket Committee—
Milton J. Brownstein
- Public Relations Committee—
Nathan I. Gruz
- Entertainment Committee—
Ernest Snellinger
- Place and Arrangement Committee—
Samuel A. Goldstein
- Publications Committee—
B. Olive Cole
- Deceased Members Committee—
Francis S. Balassone
- Careers in Pharmacy Committee—
H. Nelson Warfield
- Student Aid and Scholarship Committee—
Samuel I. Raichlen
- Membership and Dues Committee—
Thomas Dawson
- Kelly Memorial Committee—
Simon Solomon

The Committee on Honored Alumnus, John F. Wannenwetsch, Chairman, reported that Dean Noel E. Foss had been chosen as the Honored Alumnus for 1962.

Chairman Irvin I. Cohen of the Nominating Committee reported the following as the selection of officers for 1962-63:

- Honorary President—
Miss Georgianna S. Gittinger
- President—
Samuel A. Goldstein (1930)
- 1st Vice President—
Milton A. Friedman (1934)
- 2nd Vice President—
Robert J. Kokoski (1952)



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For further information, see your representative for Coca-Cola, or write: Manager, Vending and Equipment, Fountain Sales Dept., The Coca-Cola Company, P. O. Drawer 1734, Atlanta 1, Georgia.

Executive Secretary—

Frank J. Slama (1924)

Treasurer—

H. Nelson Warfield (1924)

Executive Committee

James P. Cragg, Jr. (1943)

Milton J. Brownstein (1934)

Thomas C. Dawson (1955)

Nathan I. Gruz (1939)

Casimer T. Ichniowski (1929)

Harold Levin (1943)

Vito Tinelli, Jr. (1961)

Ex-Officio—Noel E. Foss, B. Olive Cole
and they were duly elected.

The members of the Graduating Class were elected as new additions to the Alumni Association and will receive membership cards as place cards at the annual banquet of the Association.

The following were elected as Associate Members of the Association:

Edwin N. Kabernagel

Albert V. Ohlendorf

Robert E. Theiss

THE THIRTY-SEVENTH ANNUAL BANQUET

AND DANCE OF THE

ALUMNI ASSOCIATION OF THE

SCHOOL OF PHARMACY

UNIVERSITY OF MARYLAND

Reported by B. Olive Cole

The Thirty-Seventh Annual Banquet and Dance of the School of Pharmacy of the University of Maryland was held in the Student Union of the professional schools of the University on June 7, 1962.

Three hundred and eighty persons attended, including the graduates of 1962, their ladies or escorts, who were guests of the Alumni Association. In addition, many parents and members of the families of the graduates attended—some seventy in number—which added to the pleasure of the graduates.

The invocation and benediction were pronounced by the Reverend H. Kearney Jones, Pastor, St. James Episcopal Church, Baltimore.

President James P. Cragg, Jr. welcomed the graduates, parents, members of the faculty, alumni, guests and friends, and presented Mr. David L. Brigham, Director of Alumni Relations of the University of Maryland.

Mr. Brigham, who has been active at the University of Maryland in alumni affairs for many years and is a particular friend of the Pharmacy Alumni group, introduced the guests, mentioning characteristics and anecdotes concerning many of them as they were presented.

Dr. R. Lee Hornbake, Vice-President for Academic Affairs, brought greetings from the University of Maryland.

Dr. George F. Archambault, President of the American Pharmaceutical Association, who was the principal speaker at the Convocation preceding the banquet, brought greetings from the American Pharmaceutical Association.

Dr. Charles W. Bliven of Washington brought greetings from the American Association of Colleges of Pharmacy. He is the Executive Secretary of that Association.

Dr. Noel E. Foss, Dean of the School of Pharmacy, who received the Ph.D. degree from the University of Maryland through the School of Pharmacy, was presented by Mr. Francis S. Balassone, who enumerated the many activities and accomplishments of Dr. Foss and bestowed the award—a medal on him as the Honored Alumnus for 1962.

Dr. Foss expressed appreciation of the honor which he had received.

Dr. John F. Wannenwetsch gave appropriate statements of the ability and worth of Mr. Simon Solomon as a pharmacist and alumnus, and also expressed his appreciation of Mr. Solomon as a long-time personal friend, when presenting him as the recipient of the Honorary President's Award.

In turn, Mr. Solomon addressed the candidates for graduation, stressing in particular the opportunities they had enjoyed as students, and their obliga-

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tions and responsibilities as pharmacists and members of the Alumni Association.

Dean Foss presented the members of the graduating class and mentioned honors and prizes many of them had received from the School of Pharmacy.

The President of the class of 1962—Sydney H. Hamet—responded in terms of pleasure and appreciation.

Special certificates denoting graduation fifty years ago from the School of Pharmacy were presented to the following by President Cragg:

Mrs. Carrie Mossop Phillips

Robert R. Pierce

Frederick Minder

Lloyd N. Richardson

John A. Strevig

Daniel A. Warren

and certificates will also be sent to others who graduated in 1912 and were unable to attend.

Reunions of other classes were recognized, especially a graduate of 1912—Benjamin Klein—and William J. Lowry a graduate of the Maryland College of Pharmacy in 1896.

The officers for 1962-63 were installed, with Samuel A. Goldstein as President and Miss Georgianna Simmons Gittinger as Honorary President.

Mr. James P. Cragg, Jr. was presented with the Past President's Award—a plaque—by President Goldstein.

The beautiful flowers decorating the tables were by Hahn & Hahn in memory of Doctors Charles C. Neal, E. Frank Kelly and Andrew G. DuMez.

The cigars were by Schafer Pfaff and the Ice cream by Hendler.

The music for the dinner and dance was by Herman Bloom and his orchestra. The dance was enjoyed by the graduates and younger generation for several hours.

The many expressions of commendation and praise by those in attendance give heart and purpose to the officers and committees for 1962-63 to plan and work for the routine and happy affairs of the Alumni Association.

PRESENTATION OF HONORED ALUMNUS AWARD TO DEAN NOEL E. FOSS

By Frank S. Balassone

The pharmacists of Maryland have always had a great interest in the deanship of the School of Pharmacy of the University of Maryland. From its earliest history the Dean of the School of Pharmacy has been both a distinguished scholar, educator and a thoughtful leader of the profession. In the memory of many here tonight the names of Charles Caspari, Jr., E. F. Kelly, Andrew G. DuMez stand out as illustrious personages in the annals of Pharmacy in Maryland and throughout the country as contributors to pharmaceutical education, to pharmacy literature and professional objectives. Revered as these names are and as Dr. Robert L. Swain has put it, "Dean Noel E. Foss is a worthy successor to those who have preceded him in this lofty position."

It is noteworthy that while his undergraduate training was received in his native state, at the South Dakota State College, where he was awarded the Ph.C. and B.S. degrees in 1929, his graduate work was accomplished at our School of Pharmacy, University of Maryland. Our University awarded him an M.S. degree in 1932. He was the first H. A. B. Dunning Fellow. The Ph.D. degree was conferred in 1933. His thesis was entitled "some Unsymmetrical Aryl Sulfides." Duquesne University in Pittsburgh welcomed him on their faculty as Professor of Pharmacy from 1934 to 1937. Burroughs Wellcome Company, Tuckahoe, New York, were delighted with his services from 1937 to 1942 as Works Chemist. As a Major in the Army Medical Service Corps, he served as Chief Laboratory Officer in New York and in St. Louis and did a tour of duty overseas. During the evenings in the intervening years we note he did graduate study at Columbia and Washington Universities and at Brooklyn Polytechnical Institute. At war's end the American Cyanamid Company was fortunate

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This happens because people *look* for Sealtest. They prefer the quality. They remember local and national advertising. And, they just have to try the latest *special* flavor.

It can happen for *you*, too — the way Sealtest Ice Cream builds traffic and boosts profits . . . for many departments. So, sell and display Sealtest for fountain and carry-out customers. You'll find that it's good business in *many* ways.

* * * * *

And be sure to Feature this Special Flavor
Berry Patch
for your Fountain and Take-Home Customers!



to enlist his services as Technical Director of the Pharmaceutical Department of their subsidiary, the Calco Chemical Division in Bound Brook, New Jersey. The University of Illinois had plans for him when he was named Assistant Dean and Professor of Pharmacy from 1947 to 1949, but he was beckoned to come back to his alma mater and accept the Pharmacy deanship of the University of Maryland to succeed the late Andrew G. DuMez.

Is it any wonder that with a background such as this we find Dean Foss listed in Who's Who in America, American Men of Science, Who's Who in the East, Who's Who in American Education and Leaders in American Science.

His services as Dean have seen significant progress in the conduct of the School of Pharmacy and in the general tone and character of Pharmaceutical Education. The School of Pharmacy now occupies its own building on the Baltimore campus and continues to play a major role in the progress of pharmaceutical education in the University and throughout the country as a whole. The fact the School of Pharmacy now occupies a building exclusively its own for the first time since the school became an integral part of the University in 1904 is eloquent indication of the importance of pharmaceutical education and of its relationship to the University. Now that the curriculum has been extended to five years we can count on Dean Foss to make the current educational program in pharmacy as useful, as constructive and as productive as human interest and dedication can possibly achieve this end.

Dean Foss has long been a recognized leader in the American Pharmaceutical Association. He served a term on the Council and is the immediate past Vice President of his national organization. He has served on many important committees of the American Association of Colleges of Pharmacy and is presently Secretary-Treasurer of District 2 of the Boards and Colleges of Pharmacy. He

is a dedicated member of our own Maryland Pharmaceutical Association. He knows very well that the problems of pharmacy demand collective strength and unified action such as pharmaceutical and educational associations are designed to provide.

As one who has known him for a quarter of a century, I can attest that he lives a happy and wholesome life with his wife Mildred, that he works intelligently and unselfishly for the welfare of the University, that the principles of honesty are reflected truly by the open smile, the firm handshake and sincere greeting, and that his professional life is exemplary.

The Alumni Award from the Alumni Association of the School of Pharmacy, University of Maryland, has been awarded to some illustrious members of our profession, men who have given true distinction to their profession and who have added to the high standing of their Alma Mater. By every standard Dean Foss has earned the honor which the award confers and all assembled here rejoice that this high tribute has been paid him tonight.

Dean Foss has served ably and well as scholar, educator, scientist, leader, and it is most fitting that we should confer upon him our most exalted award.

It is with great personal pleasure that I, in behalf of the Alumni Association, present to you, Dean Foss, the Alumni Medal as our honored alumnus.

OUTSTANDING STUDENTS HONORED

Outstanding students in pharmacy were recognized at the Ninth Annual Honors Convocation held by the University of Maryland School of Pharmacy.

Prizes and awards were made to the following students:

Gold Medal for General Excellence:

Louis Gubinsky - Baltimore

Certificates of Honor:

Herbert C. Wagner - Baltimore

Sydney H. Hamet - Baltimore

IMPORTANT NOTICE

QUALITY STABILIZATION BILL

The Quality Stabilization Bill (S.J. Res. 159; H.J. Res. 636) is moving ahead.

Within a matter of days, this legislation is expected to be out of the committees of Congress. We have been told that the committees in both the Senate and House will report this bill out favorably.

BE ON THE LOOKOUT FOR A NOTICE FROM THE MARYLAND PHARMACEUTICAL ASSOCIATION INFORMING YOU TO WRITE YOUR SENATORS AND CONGRESSMAN. This will be timed so that there will be the greatest effect when the legislation reaches the floor of Congress.

A letter from everyone at the proper time may be what is required for passage of the legislation you want. These letters are to be sent regardless of how many letters and telegrams you may have mailed in the past.

BE PREPARED—HAVE A SHORT LETTER READY TO SEND OUT WHEN YOU GET THE WORD FROM THE ASSOCIATION.

**STATEMENT OF
HONORABLE SAMUEL N. FRIEDEL,
BEFORE THE SUBCOMMITTEE ON
COMMERCE AND FINANCE
ON THE QUALITY STABILIZATION BILL**

Mr. Chairman:

It is a pleasure to appear before this subcommittee to express my views concerning the need for enactment of a quality stabilization bill. I am hopeful that my statement on the legislation under consideration H. J. Res. 636, may be of help in working out a sound and constructive solution consistent with the public interest.

In my opinion, quality stabilization is a special competitive system offering great practical benefits to qualified manufacturers, retailers, wholesalers, and the consumers alike. Let me briefly explain this proposition.

Although quality stabilization does assure the qualified manufacturer of a stable market for his trade mark or brand-named product, it does not give him an unfair advantage or a monopoly. Even with the protection of quality stabilization legislation, the manufacturer is obliged to compete successfully with other manufacturers of the same or similar products. Should the manufacturer fail to maintain the quality of his product, or if he sets the price too high, he loses out to competitors—quality stabilization notwithstanding. However, quality stabilization does protect the manufacturer's product from possible destruction as a result of loss leader selling and irresponsible price-cutting. Moreover quality stabilization gives the manufacturer a right to safeguard his property rights in his trade mark or brand-name from the irresponsible use of certain price-cutting operators.

Quality stabilization benefits the retailer and wholesaler, too, by placing him on an equal footing with all other retailers or wholesalers selling the same branded or trade-marked product, whether such competitors are large or small. Under the system, the retailer or wholesaler, as the case may be, is

granted a profit margin which is designed to yield him a fair return on his investment and, at the same time, to pay decent wages to his employees. Most importantly, retailers and wholesalers are given adequate protection from monopolistic-minded sellers who might be disposed to combine relatively large financial resources with price-cutting tactics for the purpose of eliminating their smaller competitors.

Of course, the consumer, too, is benefited by quality stabilization legislation in a number of ways. Misleading bait merchandising will be eliminated. Misrepresentation will be outlawed. Under quality stabilization, the housewife will be assured that a trade marked product may be purchased at a standard price range set by the manufacturer wherever she goes to buy it. She will know that her lack of information on what the selling price should be cannot be used as the basis for making her pay a premium price. The housewife will know, too, that the price for the product will always be reasonable.

By the very nature of the quality stabilization bill, a price-maintained product cannot survive in the market place unless it competes successfully with similar items produced by other manufacturers. Quality stabilization also assures the consumer that an outstanding product will remain on the market and not be destroyed by predatory price-tactics.

As Mr. Justice Holmes said in his famous dissent in the well-known Dr. Miles case:

"I cannot believe that in the long run the public will profit—by permitting knaves to cut reasonable prices for some ulterior purpose of their own and thus to impair, if not to destroy, the production and sale of articles which it is assumed to be desirable that the public should be able to get."

I am confident that these hearings will demonstrate the urgent need for speedy enactment of a national quality stabilization bill as the means for preserving the economic vitality of our nation's small business community.

- Paul A. M. Jablon - Baltimore
- Certificates of Honorable Mention:
- Marjorie S. Abramovitz - Baltimore
- Jeanne A. Baker - Towson, Md.
- Yale H. Caplan - Baltimore
- The William Simon Memorial Prize:
- Louis Gubinsky - Baltimore
- The Andrew G. DuMez Medal:
- Sydney H. Hamet - Baltimore
- The L. S. Williams Practical Pharmacy Prize:
- Herbert C. Wagner - Baltimore
- The Conrad L. Wich Pharmacognosy Prize:
- Ernest A. Boatman - Baltimore
- The Wagner Pharmaceutical Jurisprudence Prize:
- Lawrence H. Block - Baltimore
- The David Fink Memorial Prize:
- Allan S. Pristoop - Baltimore
- The Phi Beta Chapter, Phi Sigma Delta Fraternity Cup:
- Sydney H. Hamet - Baltimore
- The Kappa Chapter, Alpha Zeta Omega Prize:
- Sydney H. Hamet - Baltimore
- The Epsilon Alumnae Chapter, Lambda Kappa Sigma Sorority Prize:
- Herbert C. Wagner - Baltimore
- The Merck Award to an outstanding student in pharmacy:
- James G. Konrad - Baltimore
- The Britsol Laboratories, Inc. Award for extra-curricular activities:
- Nancy L. Gibbon - Princess Anne, Maryland
- The Rexall Drug Company Award for outstanding achievement:
- Allan S. Pristoop - Baltimore

Sam A. Goldstein has been elected First Vice-President of the University of Maryland Alumni Club of Greater Baltimore. He is at present serving as President of the Alumni Association of the University of Maryland School of Pharmacy and is Chairman of the Executive Committee of the Baltimore Metropolitan Pharmaceutical Association.

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Juniors

Marjorie S. Abramovitz, Baltimore
Jeanne A. Baker, Baltimore
David A. Blake, Baltimore
Don L. Bradenbaugh, Timonium
Yale H. Caplan, Baltimore
Ronald M. Hopkins, Taneytown
Stephen P. Levin, Baltimore
Kenneth C. Ullman, Baltimore
James J. Welsh, Jr., Baltimore
Stuart Winakur, Baltimore

Seniors

Lawrence H. Block, Baltimore
Stephen Gandel, Baltimore
Nancy L. Gibbon, Princess Anne
John E. Grubb, Adelphi
Louis Gubinsky, Baltimore
Sydney H. Hamet, Baltimore
Paul A. M. Jablon, Baltimore
Allan S. Pristoop, Baltimore
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. CONTRIBUTIONS .

CALAMINE LOTION FORMULATIONS

by B. F. Allen*

Summertime is a season in which skin problems become more pronounced resulting in a revived interest or rejuvenation in topical medications such as calamine lotion.

In the protection of the skin against sunburn calamine lotion (plain and modified) has been recommended on many occasions. This preparation has also been found to be excellent for the treatment of sunburn.

In recent years tremendous interest has been concentrated upon the physical effects accompanying the external application of pharmaceutical preparations in the local treatment of the skin. These activities have been stimulated particularly by the increasing knowledge about the physiology of the skin surface.

In spite of intensive scientific training and the development of many new miracle drugs, doctors must still rely on some "old remedies" in the treatment of disease.

It has been stated that "dermatologic therapy is quite an art," and "the older the dermatologist, the fewer drugs he uses." Also, the use of tested and reliable topical medication is more advisable than trying out a new drug that still lacks adequate appraisal.

The dermatologists constitute one of the pharmacy's chief sources of extemporaneous prescriptions. Nothing can create more satisfaction in this area than devising therapeutic measures for the benefit of sufferers from ailments whose cause may be obscure.

There have been many fashions in therapeutics and this has been aptly

illustrated in the aqueous "shake" lotions which are among pharmacy's contribution to the conquest of some lesser-publicized medical problems.

The "shake" lotions have a wide range of usefulness and usually make excellent vehicles for medicinal substances. This type of preparation is highly efficient in the treatment of many skin disorders and in themselves are protective, soothing, and antipruritic, although somewhat drying. They are generally used on congested and oozing surfaces.

These aqueous preparations create a sensation of coolness when applied to the skin which is due to the slow evaporation of water from the product. The evaporation, in turn, permits the escape of heat from the skin surface which tends to relieve discomfort.

The widespread use of zinc oxide, titanium dioxide, zirconium oxide, and similar chemical substances in the form of "white" shake lotions for local medication has caused considerable interest in the formulation of calamine lotions which are often referred to as "tinted" shake lotions.

In addition to the aforementioned components the "tinted" preparations may contain neocalamine, a mixture of yellow and red iron oxides, and other acceptable earth pigments^a and dyes^b as coloring agents which will improve the appearance of the lotion so that it will blend with the color of the skin.

Many oily calamine lotions have been proposed and widely used.^c Some of the formulations have been suspensions while others are emulsions either of the oil-in-water or the reverse type. Preparations of this kind would not be too drying and aid in keeping the skin soft.

Calamine has been described as a pink powder consisting of a mixture of precipitated zinc carbonate and zinc oxide, colored with 0.5% of ferric oxide. It is therapeutically useful against sun-

*Associate Professor of Pharmacy, University of Maryland

^a yellow and red ochres

^b FD&C yellow and red

^c sometimes called liniments

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Note: Store Tri-Vi-Sol vitamin drops with Iron under refrigeration.

*Jacobs, I.: GP 21:93-97 (Jan.) 1960.

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burn, eczema and other inflammatory and irritable conditions of the skin. No known systemic effects are reported, and it is neither a primary irritant nor a sensitizer. Possesses mildly astringent and cooling action of special value in cases of inflamed skin.

It is extremely interesting to note that a writer has recently stated that calamine lotion has been known for over two thousand years and many controversies have occurred regarding the definite chemical composition of calamine. This has led to a general decision that it is better to use an artificial calamine of definite chemical composition for the natural product whose composition varied with each batch of material.

Studies have indicated the formation of hydrogen peroxide from irradiated zinc oxide. A similar investigation on calamine lotions showed the presence of hydrogen peroxide which may enhance the therapeutic effectiveness of the lotion. Also, there is some indication

that aging may increase the ability of a zinc oxide lotion to form this peroxide upon irradiation. It has also been observed that plain calamine lotions vary widely in their hydrogen peroxide activity, depending upon the ingredients present.

A lotion is probably the most economical preparation for topical use. However, such a product is not easy to formulate since it must be designed to "stay put" immediately after application and yet spread easily.

Considerable experimental work has been done to improve calamine lotion so that it will possess greater stability to sedimentation and still be easily poured from the usual prescription type container. Also, in the endeavor to produce a finished product which is pharmaceutically and cosmetically elegant, many materials commonly referred to as suspending agents and surfactants have appeared in these suggested improvements.



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(APPLICATION FORM ON REVERSE SIDE)

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Singling out the surfactants as an example, they are intended to improve the stability, appearance, and removability of externally applied products such as calamine lotion. However, the selection of a suitable agent of this type is somewhat limited because many of them are not desirable due to incompatibility, irritability or toxicity.

It is interesting to note that some of the suggested lotions do not spread on the skin but rather coalesce into small globules. Such a phenomenon may be attributed to a high interfacial tension between the skin and the dispersion. This property is primarily due to the suspending agent used, and may be overcome by the addition of a wetting agent.

Also, since it has become more stylish to prescribe (or use) lotions which often contain many of the more modern ingredients of our dermatological armamentarium, the problem of overtreatment appears to be more prevalent. This observation has been summarized in the following statement: "The art of medicine—time for diagnosis, time for development of immunity, time for repair and healing processes to proceed uninterrupted—has been temporarily lost in the broad spectrum of the wonder drugs."

The popularity of calamine lotion as an external form of medication will continue to prompt intensive research towards new developments in this preparation. Whenever a new gum (natural or synthetic) is found to possess emulsifying and suspending properties, it will be deemed of importance to compare it with other agents in an investigation of calamine lotion. This has now been the trend for many years and will probably continue for quite a few more.

The appearance and consistency of calamine lotion varies considerably depending upon the nature of the suspending agents or dispersants used, etc. Many investigations have been undertaken to prepare a product in which the

insoluble material would be permanently, or nearly permanently, suspended. Often when this objective is realized, the resultant preparation is of such a thick consistency that users find it difficult or impossible to remove the lotion from the dispensing bottles.

As a consequence of these efforts to reduce the rate of sedimentation or improve the re-suspending qualities, the usefulness of the lotion has been sometimes effected. Many of the modified formulas contain gums and fat-like substances which produce an oily film, or slimy effect, which is not the real purpose of calamine lotion.

It is evident from the data presented in the many investigations of this lotion that there is a wide variation in some of the physical characteristics of the finished product. As an example, the rate of settling of the insoluble material is dependent somewhat even on the particle size of calamine and zinc oxide. The amount of lotion prepared also appears to affect the rate of settling to some degree; the larger lots settling at a faster rate than the smaller ones. Another factor is the presence of incorporated air in the product.

A major problem of this kind concerned with "settling," "incompatibility," etc. occurred with the U.S.P. XIV formulation of calamine lotion. Some individuals solved this problem by preparing a suitable product and labeling it "Calamine and Lime Water Lotion," etc.

Other investigations have included the interesting possibility of preparing a concentrate which upon dispersion in water would yield a stable and suitable calamine lotion. In other words, a simple method for the extemporaneous preparation of the lotion utilizing a water dispersible calamine powder or tablet. A typical composition of such a concentrate: calamine, zinc oxide, suspending agent, surfactant, and preservative.

Also, there is some experimental evi-



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Volume 20

JUNE, 1962

No. 8

JUNE MEETING

The June meeting was convened in the convivial atmosphere of the Gas Light Key Club on Cathedral Street. At this meeting we had the pleasure of voting on and approving as a new member Charles Marx, a representative of the Minnesota Mining and Manufacturing's Retail Trade Tape and Gift Division.

Following a most enjoyable social hour and an equally enjoyable luncheon, President Eddie Kabernagle called the meeting to order. Under committee reports, Larry Rorapaugh reported on progress in the project for the Emery Helm Memorial Fund.

Two committees were announced by the president as follows:

Auditing Committee

Louis M. Rockman, Chairman
Laurance A. Rorapaugh
Joseph J. Hugg

Nominating Committee

Joseph L. Muth, Chairman
Richard R. Crane
George S. Teass

Following the committee reports, Nathan Gruz, Executive Secretary of the Maryland Pharmaceutical Association and Vic Morgenroth, 1st Vice President, were introduced as guest speakers. Both gentlemen talked at length regarding TAMPA's plans for entertainment at the convention. These two gentlemen have worked in close accord with Ed Kabernagle, President, and Sheeler Reed, 1st Vice President in finalizing all arrangements and we thank them for their efforts on our behalf.

Plans called for a Monday night square dance, at the patio pool and Tuesday night conventioners take their chances with "Lady Luck" with the TAMPA sponsors "A NIGHT IN LAS VEGAS."

Dr. Frank Slama was also in attendance and spoke on the Annual Alumni Banquet and Dance.

In closing, we would like to remind you of the Annual Crab Feast scheduled Thursday, August 16th at Bay Ridge and also the September Installation Meeting which is tentatively scheduled for Saturday, September 8th at Bernie Lee's Penn Hotel.



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FRANCIS S. BALASSONE,	Ex-Officio

PRESIDENT'S MESSAGE

BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

Dear Fellow Pharmacists:

At the present time, the Baltimore Metropolitan Pharmaceutical Association, in cooperation with the Maryland Pharmaceutical Association, is hard at work to make the 10th Annual Holiday and Gift Show a success. The Show will take place at the Emerson Hotel in Baltimore on August 19, 20 and 21st.

This Show was organized primarily as a cooperative venture to provide an opportunity for manufacturers, distributors and service firms to present their special merchandise and services to proprietors of pharmacies. Pharmacists not only from the greater Baltimore are but, from every part of the state have attended.

The Show benefits individual pharmacists by permitting them to see and purchase many items, services and deals to which they might not otherwise give the proper attention. In addition, the B.M.P.A. has always derived a modest income toward its essential programs in behalf of all segments of pharmacy.

All pharmacists are urged to assist themselves and both the Baltimore and Maryland Associations by attending the Show and making substantial purchases.

By anticipating future needs, astute buyers can save time and money by buying at the show. There will be special deals available only at the Show. Just a couple of hours at the Show can help you in your merchandising battle.

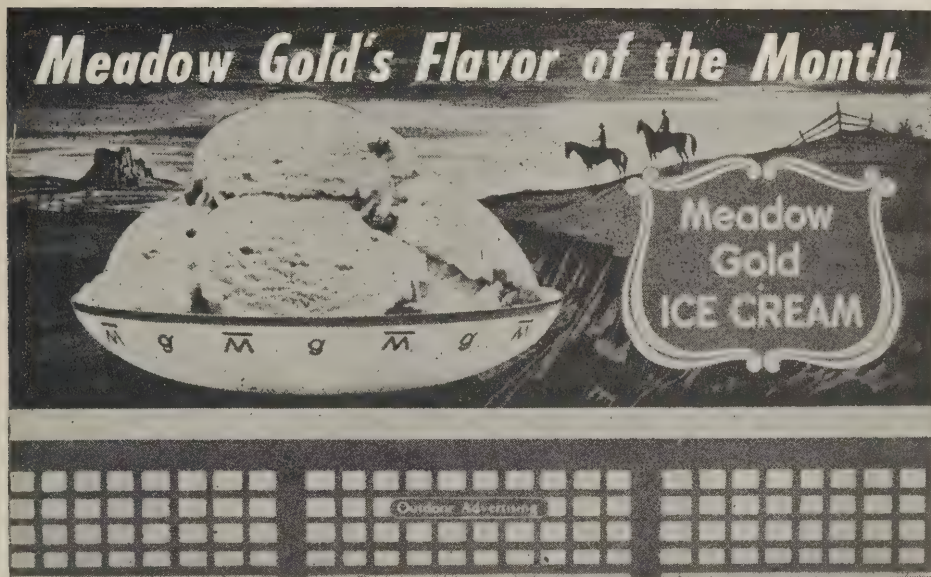
Also, you can demonstrate that you support the firms that cooperate with pharmacists and with your professional societies. If there are firms you deal with that have not exhibited in this Show, explain the advantages of participating in this valuable project. At this time there is still some space available.

Mark your calendar—Sunday, Monday and Tuesday—August 19, 20 and 21st. I look forward to seeing you at the Show. It will pay you to attend.

Cordially,

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-: NEWS ITEMS :-

COMMISSION TO EXAMINE AND REVISE THE FOOD, DRUG, POISON AND NARCOTIC LAWS OF MARYLAND

Governor J. Millard Tawes announced the appointment of the following Commission to Examine and Revise the Food, Drug, Poison and Narcotic Laws of Maryland, in accordance with Joint Res. No. 13, adopted by the Maryland General Assembly at the 1962 Session:

Dr. Noel E. Foss, Chairman,
Dean of the School of Pharmacy,
University of Maryland,
Baltimore

Mr. Francis S. Balassone,
Secretary - Treasurer,
Maryland Board of Pharmacy,
Baltimore

Mr. Carroll S. Brinsfield,
Towson

Mrs. Carl A. S. Coan,
Legislative Chairman,
Maryland Federation of
Women's Clubs,
Washington, D. C.

Dr. J. H. Fitzgerald Dunning,
President,
Hynson, Westcott & Dunning, Inc.,
Baltimore

Mr. Nathan I. Gruz, Secretary,
Maryland and Baltimore
Pharmaceutical Associations,
Baltimore

Mr. Joseph S. Kaufman,
Deputy Attorney General,
Baltimore

Dr. John Krantz,
University of Maryland,
School of Medicine,
Baltimore

Dr. Perry F. Prather, Commissioner,
State Department of Health,
Baltimore

Mr. John W. Rue,
Easton, Md.

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President: Robert Sinker

Program—Nick Vicino, chmn.; J. Pelton, G. Dechter, S. Latona, M. Sollod.

Membership—M. Sollod, chmn.; P. Reznick, R. Parker, P. Bergeron, I. Siegel, S. Greenberg, J. Horne, B. Henig.

Telephone—G. Katz, chmn.; R. Packett.

Budget & Finance—R. Parker, chmn., H. Taetle, H. Goldfeder, M. Yaffee.

Dinner Dance—Nick Vicino, chmn.; W. L. Brunnett, B. Multiz, J. Francis, B. Bowman, Exec. Committee.

Civilian Defense—M. Yaffee, J. Williamson.

Publication—P. Reznick.

Legislative — H. Taetle, chmn.; S. Morris, M. Schnaper.

Professional and Public Relations—G. Dechter, chmn.; N. W. Chandler, S. Morris.

National Pharmacy Week — M. Schnaper, chmn.

College of Pharmacy Recruiting—M. Stein, M. Friedenberg.

Maryland Pharmaceutical Association—M. Yaffee.

Pharmacist Registry—P. Fenton.

DR. APPEL WRITES PRESIDENT SINKER

At the request of readers, the following is the complete letter referred to in the editorial in the Maryland Pharmacist of April 1962:

Mr. Robert Sinker April 26, 1962
President

Prince Georges - Montgomery County
Pharmaceutical Association
2204 Mark Court

Silver Spring, Maryland

Dear Bob:

On behalf of the members and officers of the American Pharmaceutical Association, allow me to congratulate

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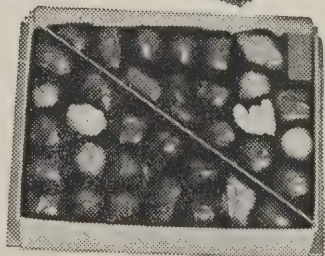
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Tell them you saw it in "The Maryland Pharmacist"

you and your fellow officers on assuming your duties in the Prince Georges-Montgomery County Pharmaceutical Association.

It was a real pleasure to attend and take part in your installation ceremonies April 10. Seeing democratic, vital organizations like yours sustaining and advancing our profession is one of the most heartening aspects of my duties.

I was impressed with the obvious fact that the Prince Georges - Montgomery County Pharmaceutical Association has served its members' interests well for many years. Your Association has given you cohesiveness, authority and an effective voice that individually you could not have achieved. Equally important, it has challenged you to greater service to your profession and community.

If membership and active participation in the Prince Georges-Montgomery County Pharmaceutical Association has done this for you at the county level, think what it would be like if, from border to border and coast to coast in America, we had a strong, united local-state-national profession of pharmacy.

This is the age of concentrated power, of bigness. You have only to look at labor, at government, at industry. The world has become complex, specialized and interdependent. An individual, a few voices, can hardly be heard, cannot cope with the dizzying changes and complexities.

A federation of pharmacy organizations, connected by bonds of common training, views, education, goals and formal agreements, from the local level through the state to the American Pharmaceutical Association on the national level, is logical, advantageous and necessary.

Formal Prince Georges - Montgomery Pharmaceutical Association affiliation with the Maryland Pharmaceutical Association, and that, in turn, with the A.Ph.A. would assure you of representation in matters of state and national interest and would broaden your

influence. It would be akin to your citizenship. After all, you are more than just residents of two counties. As Marylanders, you have a vote and a stake in the affairs of the State of Maryland; as Americans, you have equal responsibilities to your country. Why, then, should you arbitrarily limit your professional rights, contributions and influences to Prince Georges and Montgomery Counties alone?

The A.Ph.A., being headquartered near you in Washington, D.C., represents you when it is called to give facts and figures and views to Congress, when it advises the federal agencies, when it assists state and local associations with legal and public relations services, when it furthers pharmacy education and science, and when it speaks to the American public in your behalf.

The Prince Georges - Montgomery County Pharmaceutical Association accomplishes comparable work in its sphere of influence. **THE MARYLAND PHARMACEUTICAL ASSOCIATION DOES IT ON A STATE-WIDE BASIS.** The American Pharmaceutical Association concentrates on the national level. Our bonds, our interests, our goals already complement and strengthen each other. Formally through affiliation, the future would be limitless for all three societies.

Sincerely,

WILLIAM S. APPLE

American Pharmaceutical Assn.
Executive Director

ALLEGANY-GARRETT COUNTIES PHARMACEUTICAL ASSOCIATION

OFFICERS 1962-63

President: C. Murray Allen

Vice President: C. W. Hanks, Jr.

Secretary-Treasurer: William W. Resser

Executive Committee: James McMichael, Chairman; Edward M. Wildes, Jr.; William A. Cooley; Robert J. Svec, Sr.; Francis L. Judy.

Committee appointments were announced to members of the Allegany-Garrett Counties Pharmaceutical As-

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sociation during a meeting held Wednesday, June 6th at the Fort Cumberland Hotel.

President C. Murray Allen designated the following appointments:

Civil Defense Committee: Myron E. Blough, Chairman; Elmer R. Kellough, Samuel Wertheimer and William A. Cooley.

Public Relations Committee: William Sullivan, Chairman; Arthur N. Spano.

Quality Stabilization Committee: Linn Sheetz, Chairman; Robert Martin.

Political Action Committee: L. Patrick Dougherty, Chairman; William W. Resser.

Polio Clinic Program Committee: Linn Sheetz, Chairman; Eugene Judy.

Scholarship Committee: C. Murray Allen; William W. Resser.

Bad Accounts Committee: Eugene Judy, Chairman; Robert P. Stotler.

Professional Relations Committee: Robert J. Svec, Sr., Chairman; Robert T. Tomsco, Anthony D. Massorro.

Pharmacy Legislation Committee: William A. Cooley, Chairman; Joseph Eshleman.

Attendance Director: Edward M. Wildes, Jr.

Poison Control Committee: Henry J. Glick, Chairman; Frank B. Clark.

Finance Committee: Elmer R. Kellough, Chairman; Webster K. Edwards, Advisor; W. D. Timmons; Harry Sellers, Clinton W. Englander.

Honors Committee: Webster K. Edwards, Chairman; Lester Martin; Harry C. Lewis; Carl Lowe, Ivan C. Lichtenstein.

Membership Committee: Robert Nierman, Chairman; Fern E. Kenney.

Pharmacy Week Committee: Fern E. Kenney, Chairman; C. L. Sandene; Richard Witt; George Wagner; Frieda Burns; Clinton W. Englander; Robert E. Proudfoot; Robert Nierman.

High School Awards Committee: James M. Dickinson, Wm. H. Fearer, Co-Chairmen; Harry Eisentrout, Robert Nierman.

With the approval of the members present, President Allen appointed L. Patrick Dougherty to act as Sergeant-at-Arms during the following twelve months.

The members present were notified of the commendation the Association received from physicians and officials of the Wyeth Laboratories for the co-operation shown by local pharmacists in the recent Dosage Administration of the Type III Sabin Polio Vaccine. The local association of pharmacists will participate in a make-up dosage administration, to be given sometime this fall.

The group was reminded that area pharmacists will be called upon to participate in a Civil Defense training program, to be initiated in this locality in the near future. Upon completion of the program, participants will be qualified to give instructions in Civil Defense procedures.

COMMENTS FROM LETTERS TO THE EXECUTIVE SECRETARY ON MARYLAND'S EFFORTS FOR QUALITY STABILIZATION BILL

"If all pharmacy associations gave the same united support Maryland does, the NARD would have little trouble passing measures for the economic and professional interests of its members.

"In my opinion, your efforts in organizing the rally have been truly impressive. In fact, I like your publicity releases so much that I sent samples of them to our Chicago office for study."

PHILIP F. JEHL

Washington Representative and
Associate General Counsel
NARD

"Senator Proxmire's remarks on the Quality Stabilization Bill to the Maryland Pharmaceutical Association were most impressive. You are to be complimented for a most successful program.

"Needless to say, the 'proof of the pudding' is in the number of wires that



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"On behalf of Mr. John W. Anderson and the staff of Q.B.A., I would like to thank the M.P.A. for their all-out support—such support we are confident will result in legislation for orderly marketing this year."

JOHN P. MAURER

Assistant to the President
Q.B.A.

"You are to be congratulated for conducting a good meeting. The committee did a good job.

"Keep up the enthusiasm on S.J. Res. 159. The hard work is just beginning. The telegram plan explained by Al Ogrinz is terrific. Let us know the results."

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Associate Washington
Representative
NARD

"Let us assure you that we appreciate your interest and cooperation very much."

WILLARD B. SIMMONS,
Executive Secretary
NARD

SCHOLARSHIP WINNER CHOOSES

A CAREER IN PHARMACY

Denyse B. Levin, a 1962 graduate of Forest Park High School in Baltimore, was awarded a \$6,000.00 scholarship by Columbia Broadcasting System, General Electric's College Bowl, as a result of having been selected among the final winners in the TV show's essay contest, "Why I Want to Go to College". She will enter the University of Maryland School of Pharmacy in September 1962.

The following is her winning entry:

Why I Want To Go To College

In normal use of reference material to help pin down my undisciplined thoughts on why I want to go to college, I came across many quotations about learning. Some were lengthy and tedious; others, short and succinct. Some were as clear as crystal; others, obscure and vague. Most, however, failed to convey my own feelings on the meaning of education. Then these four short thoughts from Joseph Addison in *The Spectator* of November 6, 1711, caused me to feel that my reasons for wanting to go to college were centuries old and that a desire for knowledge is timeless.

Addison first points out the abstract and intangible qualities that I think education holds for all. "Education is a companion which no misfortune can depress, no crime can destroy, no enemy can alienate, no despotism can enslave." In reading many so-called aphorisms, I have had the tendency to look at words and see no thought. In Addison's words, I find a warmly comforting thought: my college education



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is a personal possession that is impregnable and can never be taken from me.

"At home a friend, abroad an introduction, in solitude a solace, and in society an ornament." These, I feel, as must the author, are the benefits of education that directly affect the learner. Addison, in a few concise phrases, expresses what I might have spent hundreds of words explaining: education lends companionship, opens gates, offers comfort and forms stature. These are values that I hope to derive from my college education.

Having pointed out the benefits and worth of learning, Addison then pictures the outcome in this statement: "It chastens vice, it guides virtue, it gives, at once, grace and government to genius." I believe that education, through graceful discipline, encourages the positive qualities inherent in man. By the same token it negates the negative.

Joseph Addison then says but one thing more, and what he says sums up my reasons for wanting a college education. "Without it what is man? A splendid slave, a reasoning savage."

Miss Levin has written about herself as follows:

Benjamin Yevzeroff, Benjamin Levin, Evelyn Levin Yevzeroff, Shirley Glickman Greenberg, Edward Henderson and Harry Prostic are members of my family who are pharmacists.

I am seventeen years old and I have been a resident of Maryland for ten years. This June I was graduated from the Forest Park High School where I was a member of the debating society and President of the Girls' Honor, Athletic Club. I also worked on the school newspaper, the Forest Park Press. Because I have been interested in pharmacy as a profession for some time, I plan to attend the University of Maryland School of Pharmacy in September. My favorite sport and extra-curricular activity is tennis.

MARYLAND CIRCUIT JUDGE UPHOLDS BOARD POSITION

Maryland Circuit Court Judge James H. Pugh has just issued a ruling based on a May 16 hearing upholding the Maryland Board of Pharmacy's requirement that a mass-merchandising grocery store must conform to its regulations before a pharmacy permit would be issued.

"The court decision on the operation of a pharmacy by a mass-merchandising store, without separate outside entrance to the pharmacy, and without proper identification, will have widespread significance in pharmacy" said Board Secretary Frank Balassone.

The case resulted when Peco, Inc., a wholly owned subsidiary of Giant Food, Inc., challenged a ruling of the Maryland Board of Pharmacy conditioning the issuance of a pharmacy permit on the proper location and appointments of a pharmacy so that it could be operated and maintained consistent with public health and safety. Peco applied on July 19, 1961 for a permit for their 36,000 square-foot Giant Food Store in Takoma Park, Maryland, but on November 7, 1961, the Board cited its ruling of 1947 that there must be a separate entrance for the operation of a pharmacy and there must be adequate identification as a pharmacy. The Board ruling is consistent with the position which APhA has been advocating for many years.

The Giant subsidiary charged that the ruling was arbitrary, discriminatory, capricious and without foundation, and sought the reversal of the Board decision in the Circuit Court for Montgomery County. Judge James H. Pugh saw otherwise in upholding the Board's position.

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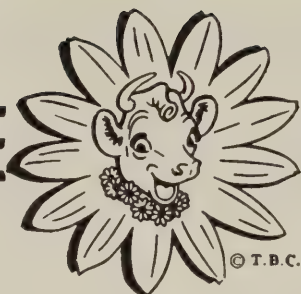
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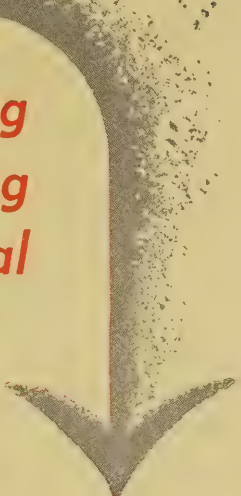


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(1) Siver, Robert H.: *Current Medical Digest*, Vol. XXI, No. 9, September 1954. (2) McGivney, John: *Texas State Journal of Medicine*, Vol. 51, No. 1, January 1955. (3) Frykman, Howard M.: *Minnesota Medicine*, Vol. 38, No. 1, January 1955. (4) Weekes, D. J.: *N. Y. State Journal of Medicine*, Vol. 58, No. 16, August 1958.

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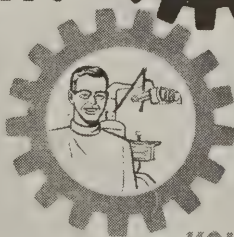


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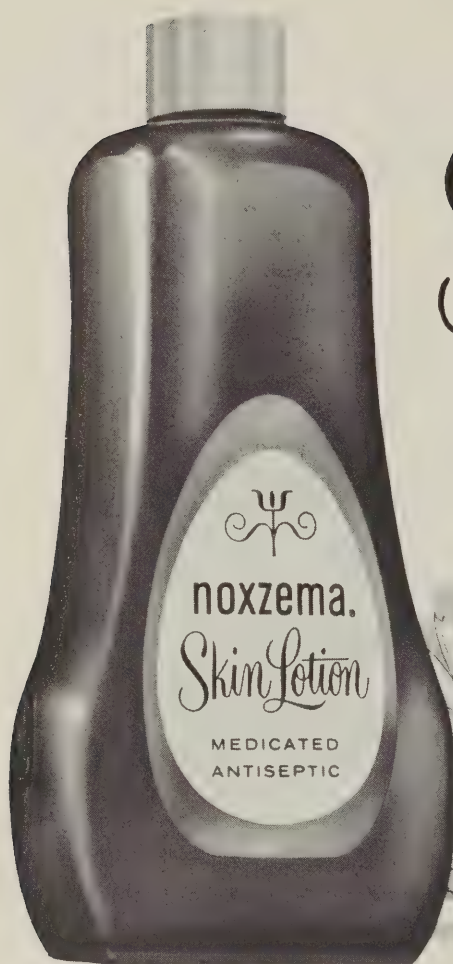


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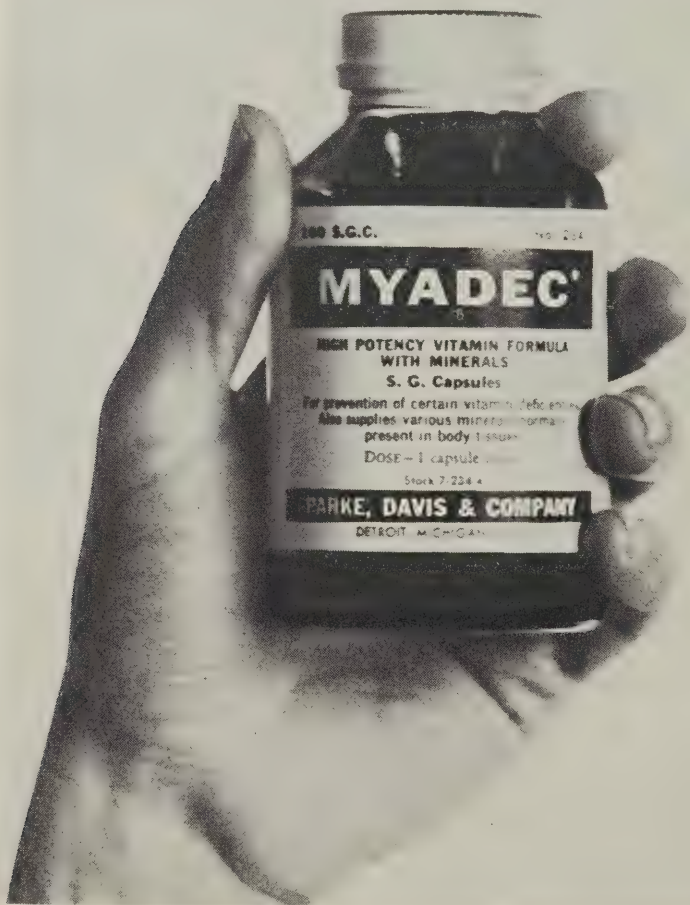
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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XXXVII

JULY, 1962

No. 10

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... Editorial ...

There is nothing so inviting to defeat and disaster as a house divided. The profession of pharmacy has been suffering setbacks in its quest for professional progress and legitimate economic security.

Many of our problems are due to those within our ranks who have never looked upon the pharmacist's license as an opportunity to serve as a professional in the essential vocation of providing medicinal agents to those who require them. There are some ever eager to sell their licenses to the highest bidder, regardless of the outcome that might eliminate pharmacy as a profession of full opportunity.

Our house of pharmacy, it seems, is divided—fragmented—not only where individual members are concerned, but also organizationally.

Those who are committed to the practice of pharmacy as a health profession—whether as community practitioners or in any other specialty of pharmaceutical service—must demand the removal of any obstacle which is producing a house divided in pharmacy.

In the report of the Executive Secretary of the Maryland Pharmaceutical Association at the 1962 Convention, the following statement was made:

"When we approach the national pharmaceutical scene, one dominant feature must be recognized. Over the years, many of the aspirations of pharmacists to achieve their urgently needed professional and economic goals, as well as to secure a properly recognized role in shaping policies regarding the provision of medicinal agents, has been the absence of a national front for pharmacy. For the defensive and offensive needs of the country, we have a Joint Chiefs of Staff under a Secretary of Defense. Pharmacy is engaged in a total war. The pharmaceutical situation also demands a unified com-

mand. As long as rivalry continues between our two national groups, we will continue to be divided and, therefore, to be defeated. Whatever courageous steps must be taken to achieve cooperation and harmony between our two essential national groups—the A.Ph.A. and NARD—must be taken. No personality differences, no individual ambitions, no organizational competitiveness can any longer be allowed to stand in the way. Pharmacy's resources of experienced and competent leadership, intelligent and dedicated members, and financial wherewithal are too valuable to be used except in an integrated, unified manner. Our peril is too great, our enemies too strong, our forces too fragmented to permit continuation of this increasingly disastrous internecine warfare which stands in pharmacy's path of progress."

If enough of us—and many of us are staunch supporters of both the A.Ph.A. and N.A.R.D.—insist that we obtain a united national front for pharmacy, then we will get a united front. Any obstacle—whether administrative, historical or individual personality—that openly or behind the scenes contributes to the spectacle of a divided profession of pharmacy, must be sacrificed to the goal we must achieve: unified, harmonious, effective representation of, by and for the pharmacists of America.

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PRESIDENT'S MESSAGE

Dear Fellow Members:

This first message allows me the opportunity to express my sincere appreciation for the privilege of serving you as president for the coming year. This is a position due many, many of the membership but since only one can assume this office at a time, I am particularly appreciative.

As all of you know, this is not—never will be—a one man job. It is your duty to see that the association functions for your benefit. Don't complain to fellow pharmacists, medical service representatives, wholesaler's representatives about what isn't being done. Complain to the office of the secretary and I promise an answer to any and all ideas for the betterment of this, your association.

But as a reminder, as I said at Galen Hall, let's begin to "complain" with ourselves and let's have a real honest appraisal of—We the Pharmacists—to see where we can start a campaign to make the first and most ancient profession number one again in the minds and hearts of all the people of the State of Maryland.

I think I can say that the Association is well aware of the grave problems—locally and nationally—facing us and, when called upon to do something about it, do it—don't let the rest of the group carry the load.

Sincerely,

VICTOR H. MORGENROTH, JR.

President

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Secretary's Script . . .

A Message from the Executive Secretary

According to all the comments reaching us, the 80th Annual Convention of the Maryland Pharmaceutical Association was outstanding in both its program and the entertainment features.

In addition to the annual reports of officers and committee chairmen, there were two outstanding panel discussion programs. The panel, "Changing Patterns in Pharmacy," was composed of practicing pharmacists who impressed us all with their able presentations on three subjects of vital interest to us: "The Professional Fee Concept in Prescription Pricing"; "Progress for Pharmacist Employer - Employee Relations," and "The Emerging Organizational Structure in Pharmacy."

Here was a demonstration of the great contribution that practicing community pharmacists can make to progress in pharmacy. There is obviously a tremendous potential within the ranks of pharmacists.

The second panel was devoted to the timely subject of "Medical Care for the Aged." We were fortunate in having outstanding spokesmen from the Department of Health, Education and Welfare and from the American Medical Association. Those who were present had the rare opportunity of hearing both sides of this hotly debated issue. Our members kept the two speakers going with questions and discussion even during the time allotted for entertainment and relaxation.

There was time in the afternoon for sports and the evenings featured top Broadway talent in addition to the programs of fun sponsored by T.A.M.P.A. The ladies were delighted by the special L.A.M.P.A. program.

Yes, it was a successful Convention—to those who attended. Unfortunately,

considering the number of pharmacists in Maryland, the turnout represents only a fraction of the number who are eligible to attend. Every member should attend—for **his own benefit**. As one who attended for the first time said, "I didn't know what I was missing all this time."

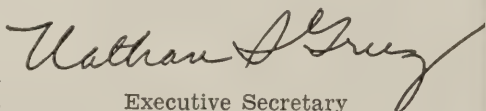
Members return to their normal routines stimulated by new ideas, refreshed by contact with people both within and outside the world of pharmacy who are devoting thought and energy to pharmacists' problems.

The 1963 Convention of the M.P.A. will be in Atlantic City the last week in June. Make your decision NOW to attend in 1963.

Get on the inside track of your Association's affairs. Combine the business of your profession with a few days of fellowship and relaxation.

Plan now to be an **informed** pharmacist—attend your own Association's convention.

Sincerely,



Executive Secretary

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MARKS

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A GREAT DEAN POINTS TO YOU!

Robert L. Swain

In the recent issue of DRUG TOPICS, dedicated to the Class of 1962, Dr. Lloyd Parks, president of the American Association of Colleges of Pharmacy and dean of the College of Pharmacy, Ohio State University, urged more effective team work among pharmacists as they come to grips with the needs of pharmacy today.

Here, in part, is what Dean Parks had to say:

"The problems of pharmacy are many. Individually, we can do little toward their solution; by collective action the solution of most of them is possible. This carries the responsibility to approach these problems through the existing organizations in pharmacy. Join your local, state and national professional organizations, in addition to those in your area of activity in the field.

"Support those organizations through your active participation in their programs. This does not imply that you must follow blindly. If changes are needed, work with your fellow members in bringing about those changes."

"In so doing you will uncover sympathetic support, you will experience the satisfaction of accomplishment, and you will develop organizations in which all will take pride."

Dean Parks direct-to-the-point statement bears still more heavily upon those pharmacists who for no sensible reason refuse to become working members of the pharmacy team. While he was speaking to the Class of 1962, his words should stir a keen sense of duty and obligation among those pharmacists who have been stealing a free ride over the years. They should know that it requires more intelligence to co-operate towards the common good than to sulk on the side lines.

The only way to make pharmacy strong is to make it strong in all that

the word implies. To be strong, individual pharmacists must be truly dedicated to its basic welfare and have a true knowledge of its problems. To be strong, pharmacy must have strong convictions, strong leadership, competent and sensitive direction and be in a strong position to combat the economic, professional and competitive challenges which bombard it from all sides.

To attain this strength, and the power which goes with it, we must first accept our individual and personal responsibilities to our profession. We must see its problems in their relationship to ourselves. We must view ourselves both as individuals and as members of a team. Collective strength, is really the sum total of what we individually think and do.

The good we do as individuals will be greatly expanded if we pull together for the common good. To maintain our individual progress and thus contribute to the common good, we must see to it that our national, state and local organizations are strong enough, active enough and determined enough to face up to the needs and rights of pharmacy in these dynamic and changing times. This is an old story with me but it takes on fresh meaning when we sense the impelling need for aggressive, intelligent teamwork if pharmacy is to stand up under the pressures of these times. Common sense demands that we plan and work together if some degree of victory is to be achieved over age-old problems which cloud our vision and impede our way.

This turns the spotlight directly on **you**. You alone can meet your obligations to pharmacy. You alone can put your might behind our national, state and local organizations. You alone can make yourself an active, intelligent member of the team.

Why not follow the advice of Dean Parks and manifest an intelligent grasp of our problems and of the most pro-



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missing means of solving them? A great teacher has truly pointed the way to intelligent, productive teamwork.

Are you equal to the task? This is really the crux of the matter. If we as individuals do our part, collectively we will become an irresistible force for the common good. Dean Parks has signposted the way, leaving the follow through to us, a duty and obligation which we dodge at our peril.

LECITHIN IN PHARMACY AND COSMETICS

By B. F. Allen*

The continued interest in natural food products as an aid in reducing blood cholesterol has placed lecithin and other similar substances constantly in the news these days.

Certain brands of lecithin have been heavily promoted to physicians in many important medical journals. Also, it has been stated that intensive clinical and laboratory research studies have been conducted on the importance of this substance in health and disease.

Because lecithin, a natural, edible food constituent, is an excellent emulsifying agent its applications in diseases characterized by disturbed fat absorption and metabolism is logical. Research has proved its value in facilitating intestinal absorption of fats and fat-soluble substances such as vitamin A. For this reason it has been suggested in treating underweight and steatorrhea^a diseases.

Encouraging results have also been achieved in the management of psoriasis, together with dietary and topical measures. In the treatment of diabetes, lecithin together with vitamin E has reduced insulin requirements in certain patients. Research on its potentially useful role in the more complicated forms of deranged lipid and cholesterol metabolism is now being actively conducted. The phospholipid

lecithin plays a major role in the oxidation of fatty acids, and in the transport of fat to and from the liver.

One of the pharmaceuticals evaluated from a doctor's point of view has these advantages: It's a safe, natural food product made wholly from soybeans. A dietary source of chlorine and inositol, two highly active lipotropic agents. Rich in linoleic and linolenic acids, known as essential unsaturated fatty acids. Pleasant to take. No harmful side effects.

Commercially the term lecithin is used to describe a mixture of crude phosphatides and vegetable oil generally obtained from crude soybean oil. Phosphatides are rather complex organic compounds which can be considered as fats containing phosphorous in their molecules. While phosphatides occur in all living plants and animal cells, only the phosphatides obtained from crude soybean oil are commercially important from the standpoint of being readily available at low cost.

Despite the complexity of its chemical structure and the fact that our knowledge of the actual chemical composition is somewhat obscure, lecithin has been described as a mixture of the diglycerides of fatty acids (arachidonic, linoleic, linolenic, oleic, palmitic, stearic) linked to the chlorine ester (or similar groups) of phosphoric acid.

Although the composition of the constituent fatty acids or phospholipid chain compounds have been determined, their positional arrangement on the familiar three-pronged glycerin structure is a difficult task. Also, recently, an "ozonolysis" approach has provided additional evidence of the structure of lecithin(s).

Lecithin, also known as Vitellin and Lecithol, is distributed widely in the animal organism and is a constituent of nervous tissue and brain substance. In addition to plant seeds, it is also found in egg yolk. The lecithins obtained from different sources differ somewhat in physical properties. Also,

* Associate Professor of Pharmacy, University of Maryland

^a an increased flow of the secretion of sebaceous follicles

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the following are some of the available types of lecithin: dl alpha synthetic, animal 90% pure, egg, soy refined, soybean (oil not removed), and vegetable.

Uniform lecithin of high quality can be produced by use of proper handling procedures. When freshly made, it is nearly white but rapidly becomes yellow to brown when exposed to the air. The substance generally is available as a wax-like hygroscopic mass which has been referred to as a plastic grade^b, or in the form of an oil solution (60% concentration, etc.)

Lecithin is soluble in most organic solvents except acetone and is only partially soluble in lower alcohols (1-12 in absolute ethyl alcohol) and their esters. It is soluble in animal and vegetable oils and also in mineral oils. Lecithin is insoluble in water but hydrates (with a swelling effect) readily with water. Lecithin is easily saponified by alkalies similar to the reaction of vegetable oils. Heat stability is limited and lecithin should not be held at high temperatures for long periods of time. However, since it is generally used in small quantities, short exposures to relatively high temperatures are not harmful.

Lecithin is a highly effective emulsifying agent for oil and water combinations. However, it should always be incorporated into the oil phase when used in this type of system since it is an oil-soluble wetting agent and the lecithin hydrate is insoluble in oils.

Although lecithin contains both water soluble and oil soluble groups which explains its ability to form stable emulsions, it is sometimes combined with surface active agents to make modified or water-dispersible lecithins. Lecithin is also added to some surfactants in order to improve their suspension and stabilization characteristics.

The versatility and wide utility range of lecithin can be partially listed as: emulsifier, antioxidant, penetrant, wetting and antissettling agent.

^b this product is sometimes bleached.

The administration of fat by injection in emulsified form has been studied by many investigators, both in animal experiments and clinically. The fat has been used as a vehicle for drugs or, because of its high potential energy content it may also be used as a means of nutrition for patients whose usual alimentary processes are inadequate. Satisfactory non-toxic intravenous fat emulsions have been prepared with an emulsifying agent such as lecithin or similar materials. However, the inherent instability of lecithin represents a problem.

An edible grade of lecithin in conjunction with a special brand of glyceryl monostearate is widely used in margarine manufacture where it functions as an antispattering agent during frying operations.

Lecithin has wide applications for other edible products such as: Candies — less stickiness, retains moisture, improves texture and appearance; Bakery Goods — prolongs shelf life,^c improves fat distribution; Gravies and Sauces — prevents fat separation; Peanut Butter — antioxidant, stabilizes flavor.

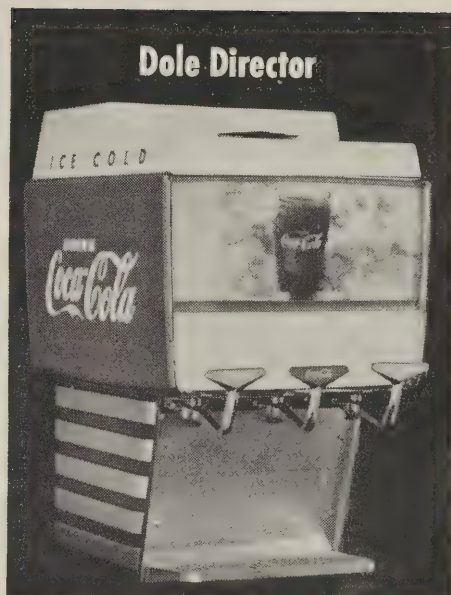
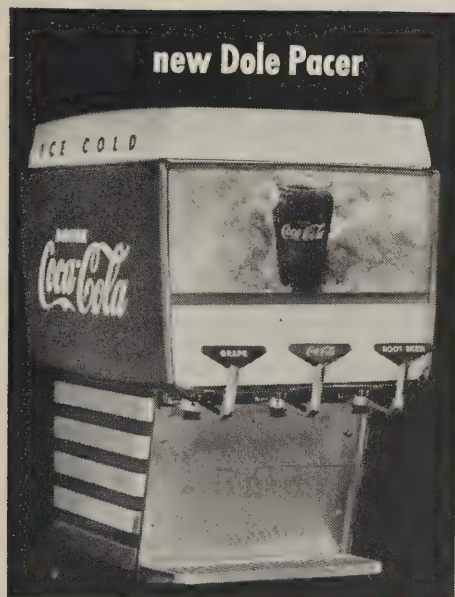
It has been stated that a particular grade of lecithin is also used in preparation of almost all commercial chocolate. Lecithin in chocolate lowers viscosity of the melted chocolate to permit uniform coatings. It is sometimes combined with other surface active ingredients^d for this viscosity control in confectionery coatings^e.

Researchers with the help of a taste panel have decided that an ice cream is more flavorsome when sweet-cream buttermilk is used in the manufacturing process. It is interesting to note that credit for this improvement goes to lecithin which is 4 to 5 times more plentiful in this type of buttermilk.

^c this claim was also recently made for products baked with a new patented shortening which contains lecithin

^d mixture of Span 60 and Tween 60

^e applicable for chocolate coating tablets



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For further information, see your representative for Coca-Cola, or write: Manager, Vending and Equipment, Fountain Sales Dept., The Coca-Cola Company, P. O. Drawer 1734, Atlanta 1, Georgia.

In addition to the pharmaceutical and related applications already mentioned, lecithin is useful as an anti-oxidant for vitamin A as well as both animal and vegetable oils.

Lecithin is included as one of the vehicle components for a dry anti-biotic mixture which upon addition of water is converted to a lotion for the treatment of various skin conditions. A statement concerning this combination indicates the lotion permits the escape of exudates to the surface and that it penetrates below the surface of the skin.

Pharmaceutical interest in this material is somewhat emphasized when it even appears in a very popular trade publication under "What Price Prescriptions" as follows:

Lecithin	1.8
Sod. Chloride	0.25
Sat. Sol. Boric Acid	30.0
Aquaphor qs ad	90.0

In general, lecithin and chemically related substances are widely used in cosmetic preparations not only to assist dispersion of emulsified products but to exert an "emollient effect." It appears for this purpose in a variety of formulations such as vanishing and lubricating creams, lipsticks, face masks, "milks," shampoos, hair tonics, and burn lotions.

Lecithin is said to be one of the essential regenerative elements for artificial nutrition^f of the skin when applied in the form of a "Biological Cream." It is also one of the so-called moisturizing agents used in the formulation of dry skin cosmetics.

In beauty soaps, it softens and soothes the skin, often reduces irritation by inhibiting hydrolysis, stabilizes and improves lather, thus increases cleansing power^g.

In shaving creams, increases wetting power of lather, makes beard softer, re-

^f intended to reactivate all layers of the skin, strengthen tissue and correct wrinkles

^g improves detergency

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duces resistance to blade, gives smoother, more "painless" shave.

In skin lotions and creams, it penetrates, softens, soothes, and imparts a silky feeling to the skin.

In recent years, oat has been used as an important ingredient in several "protective" products. It is extremely interesting to note that lecithin is a constituent of this material, and possibly some of the beneficial effects could be attributed to the lecithin content.

A synthetic lecithin-like material^h, containing glycol esters of fatty acids, a phosphoric acid group, and an amino alcohol, is available for use. The product is an ivory-white, wax-like solid which can be converted into an emulsified cream. It is suggested for transferring medicinal and cosmetic agents through the skin.

Continued interest in this area is manifested by some information on another material which appears to have lecithin-like properties. Its suggested applications included: extended absorption period; improvement of organoleptic properties; anti-staling agent for baked goods; stabilizes water in fatty pet foods; and dispersing agent for dyes and pigments in cosmetics.

Some typical applications of possible interest to the practicing pharmacist are: **Suppository Base**—0.3 grain lecithin, 4.5 grains distilled water and 25.2 grains coca butter; **Hormone Ointment Base**—1.5 Gm. lecithin, 5 Gm. isopropyl myristate, 5 Gm. methyl stearate, 20 Gm. diglycol stearate, 50 Gm. liquid petrolatum, 10 Gm. ceresin, 5 Gm. yellow wax and 5 Gm. cetyl alcohol; **Burn Lotion**—1 Gm. lecithin, 2 Gm. cetyl alcohol, 1 Gm. cholesterol, 7 Gm. triethanolamine stearate, 0.5 Gm. methylparaben, 18.5 Gm. liquid petrolatum and 70 Gm. distilled water;

Hair Tonic—0.2 Gm. cholesterol, 0.2 Gm. lecithin, 3.4 ml glycerin, 75.5 ml isopropyl or ethyl alcohol, 20 ml distilled water and 0.7 ml perfume mixture.

The following commercial listing includes some special grades of lecithin, as well as pharmaceutical, cosmetic, and food items of this material.

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LIPOSORB (cap)

PHOSPHO-LECITHIN (liq)

POLLYCENTA¹

REFINED LECITHIN⁴ (gran, powd)

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⁴ pharmaceutical and nutritional uses

^h Transdermine, available from van Ameringen-Haebler, Inc., N.Y. 19, N. Y.

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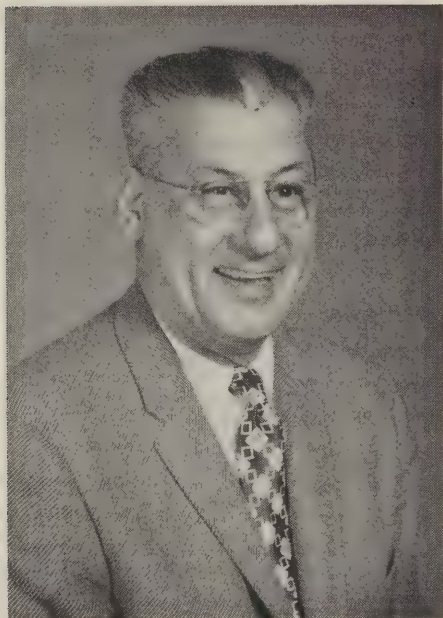
Francis J. Watkins

Volume 20

JULY, 1962

No. 9

T.A.M.P.A. PRESIDENT'S MESSAGE



H. SHEELER READ

Dear Friends and Fellow-members of
TAMPA:

I felt quite alone as I sat before a blank sheet of paper to write this TAMPA message. Some of you know I have a collection of nearly a thousand

mechanical pencils, and I tried first one then another of them, but still the page remained blank.

Then I got to thinking of all of you — present friends and past workers — and what I wanted to say became clear. First: to acknowledge with pride the fine work that has gone into our organization by outstanding presidents, backed by faithful and enthusiastic members. Second: to acknowledge equal pride in the present membership of TAMPA. Our aim is to cooperate with the Maryland Pharmaceutical Association in helping the drug trade realize its potential for community service. We number a great group whose daily calls are made not only to help ourselves but the Association as well. Third: to anticipate a bright future for TAMPA — enlarging our membership, our service and our fellowship. In four years we will be 50 years old. Your continued interest, ideas and help will make for a really bang-up celebration on our Golden Anniversary.

We wish to extend our congratulations to President Morgenroth of M.P.A., to President Kaminski of LAMPA, to President Cermak of B.M.P.A. and their respective adminis-



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trations and members, and to wish them a most successful and happy year.

Now, at this time, on behalf of TAMPA and myself, I want to thank our outgoing president, Edwin Kabernagel, Jr., for his enthusiasm, inspiration and guidance for the wonderful year just past.

Finally, I thank you members of

TAMPA for the honor you have bestowed on me in making me your president. I shall endeavor in every way to live up to the confidence you have placed in me, and with your fine help, we will record another banner year.

Sincerely,

H. SHEELER READ

President

Baltimore Metropolitan Pharmaceutical Association

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PRESIDENT'S MESSAGE

BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

Pharmacists in the greater Baltimore area are experiencing the changing competitive situation brought about by discounter and closed-door operators. It seems that some pharmacists are ready to press the panic button and adopt the same methods.

Perhaps we should think carefully before adopting the policies of those who are exploiting their pharmacy licenses by using prescriptions and drugs as "traffic builders." There are few community pharmacists who have the resources to play the "bait" and "loss-leader" game.

It seems that now, more than ever, we must give maximum attention to our image as THE proper source for the health needs of our neighborhoods.

Let's make our pharmacies the inviting, attractive places **inside** and **outside** to which our communities will turn for pharmaceutical service.

Let's accentuate the positive in every way. Let's give:

- personalized service
- friendly extras of courtesy and human interest
- detailed, individual prescription purchase records

Let's "sell" our essential role to the communities we serve. Let's talk up our contribution in professional assistance to physicians. Let both our patrons and our physicians know that we stand ready nights, days and week-ends to serve both public and doctors for the benefit of the health needs of our communities.

Let's fight back — not just imitate others.

Sincerely,

JEROME J. CERMAK

President



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116	28	53.1%	54.6%	53.1%	53.1%	52.8%	
60	12	51.5%	53.1%	51.5%	51.5%	51.1%	
21	3	49.1%	50.7%	49.1%	49.1%	48.7%	
11	1	46.7%	48.4%	46.7%	46.7%	46.3%	

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 YOUR TOWN
 DATE JUNE 8 1960
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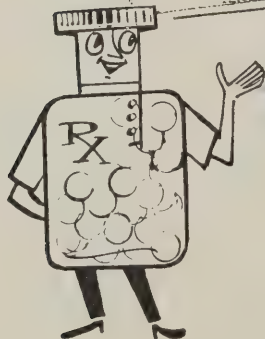
QTY	DESCRIPTION	PRICE	AMOUNT
37	DATE JUNE 8 1960		
6 EA	BIG U-1403 POLIO	7.84	470.40
6 EA	BIG U-404 ENTORAL	8.75	525.00
1500	PULV 111 AMYTAL 300Z	3.49	523.50
1 M	ENS 2 AMM CHLORIDE	30.60	30.60
1100	PULV 375 ILOSONE	1.23	135.30
6 30	FEOSOL SPANULES CAPS	2.53	151.80
320X	COSA TETRACYN ORAL	17.9	5728.00
3 EA	CONUTE WATER 30X	90	270.00
35LB	BORAX POWD USP	95	3325.00
12 EA	N.T.Z. 20CC N627	72	864.00
12 EA	N.T.Z. 10X	54	648.00
12 EA	ALKA-SELTZER 25S	39	468.00
12 EA	COLG LATHER SHAVE LGE	83	996.00
12 EA	COLG T. PASTE FAMILY	90	1080.00
12 EA	COLG T. PASTE 13/40X	49	588.00
12 EA	CUTICURA QINT 13/40X	15	180.00
3 CTN	TUMS CARRIER PACK	23	276.00
72 EA	BAYER CHILD ASPIRIN 12S	18	1296.00
48 EA	BAYER CHILD ASPIRIN 48	39	1872.00
48 EA	BAYER ASPIRIN 24S	39	1872.00
48 EA	BAYER ASPIRIN 50S	167	8016.00
24 EA	BAYER ASPIRIN 100S	123	2952.00
36 EA	BUFFERIN TABS 100S	83	2988.00
36 EA	BUFFERIN 60S		

23

NC = NO CHARGE
 C = CANNOT FIND LISTED
 T = TEMPORARY OUT - PLEASE REORDER
 B = BILL LATER
 S = BULK CHARGES WILL FOLLOW
 M = MANUFACTURER DISCONTINUED
 D = DIRECT TO YOU
 S = SHALL WE TRY TO OBTAIN DO NOT STORE

Thank you - we appreciate your business

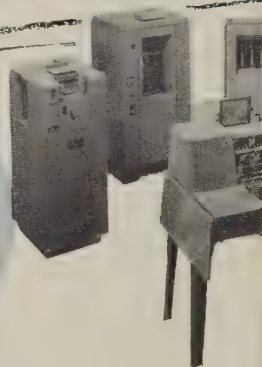
BALTIMORE DENVER PHILADELPHIA WASHINGTON

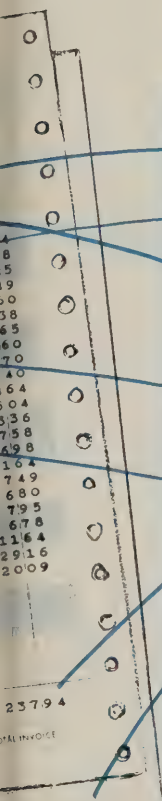


"HENRY B."

says:

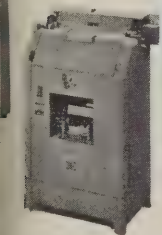
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NEWS ITEMS :-

MEET THE PRESIDENT



VICTOR H. MORGENROTH, JR.

Victor H. Morgenroth, Jr., elected president of the Maryland Pharmaceutical Association for 1961-62, is distinguished by a long record of wide and active participation in pharmaceutical and community affairs.

Mr. Morgenroth, born in Baltimore in 1914, attended Loyola High School, Johns Hopkins University and graduated from the University of Maryland School of Pharmacy in 1939, with a B.S. in Pharmacy.

After graduation he served as a medical representative for Eli Lilly and Company in the Baltimore area. In 1941 he entered the Army as a private and was mustered out in 1946 as a Major in the Medical Administrative Corps. His main tour of duty was as Medical Supply Officer of the 36th Division.

He was awarded the Bronze Star Medal for meritorious service in addition to the seven battle stars and two D-Day Invasion Arrowheads he is entitled to.

After leaving the service, Mr. Morgenroth returned to Eli Lilly and Company as a representative in Frederick and later, in Jacksonville, Florida. He resigned in 1950 to join in partnership with classmate Joseph U. Dorsch in operating Voshell's Pharmacy and Edgewood Pharmacy in Baltimore.

Victor Morgenroth has participated actively in pharmaceutical affairs on every level—local, state and nationally.

He served as president of the Baltimore Metropolitan Pharmaceutical Association in 1957 and as president of the Alumni Association of the University of Maryland School of Pharmacy in 1959. He is a member of Rho Chi Pharmaceutical Honor Society.

Mr. Morgenroth is an active member of the American Pharmaceutical Association and served as Chairman of the Resolutions Committee of the American College of Apothecaries in 1959 and 1960. He is collaborating in writing the chapter on pharmaceutical services in nursing homes for a manual of the U.S. Public Health Service.

He serves as pharmacist member of the Advisory Committee of the Baltimore City Medical Care Program and is one of the representatives of the Maryland Pharmaceutical Association to the Pharmacy Liaison Committee of the Medical and Chirurgical Faculty of Maryland and the Maryland Congress of Professions.

Mr. Morgenroth has served as chairman or member of many committees, including legislative, speakers, fair trade and membership. He has been involved in professional and inter-professional programs for the professional advancement of pharmacy.



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 - Newspaper mats—two-column advertisements (with ample space for your pharmacy's name and address) defending the profession of pharmacy—suitable for use in your local newspaper or for reprinting as handouts for your customers.
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In addition, he is a member of the Maryland Council of the Knights of Columbus.

"Vic" Morgenroth married the former Frances L. Jones in 1941. They have two children, Victor 3rd and Mary Jeanette. They have just moved to their new home at 2207 Belleview Road, Catonsville, Maryland.

L. A. M. P. A. PRESIDENT'S MESSAGE



MRS. FELIX H. KAMINSKY

As one of the most memorable years of my life is ending, I would like to take this opportunity to extend my deepest gratitude to all of you who have helped to make it so. Together as members of LAMPA, we have witnessed our fall regional meeting at Peter Pan, the Annual Luncheon at the Suburban Club, the spring meeting at Cumberland, and last, a very successful convention. Through your support and cooperation all of these events afforded everyone much pleasure and at the same time enabled us to carry on our business.

In Galen Hall, you gave me your greatest backing when you elected me President of the Ladies Auxiliary of the Maryland Pharmaceutical Association for another year. This honor made me feel very pleased I am sure, but also a little apprehensive of what I must accomplish in my second term. I can only say that with your support, I am anticipating a year even better than last.

Our sincere congratulations go to the Convention Committee for planning such a well organized and successful affair. Believe me, your efforts were greatly appreciated by all. Thanks again for such a well planned convention.

At this time the Ladies of LAMPA would like to extend their sincere congratulations to the officers and members of MPA and TAMPA, under the leadership of Mr. Victor Morgenroth and Mr. H. Sheeler Read, for a successful and eventful coming year.

In closing I can only say that I am looking forward to meeting all of you personally during this coming year, and that if you have any suggestions for the betterment of our organization, I would be glad to hear from you.

Sincerely,

MRS. FELIX H. KAMINSKI,
President.

OFFICERS OF L.A.M.P.A. 1962-1963

Honorary President: Mrs. Charles S. Austin

President: Mrs. Felix H. Kaminski

1st Vice President: Mrs. Norman J. Levin

2nd Vice President: Mrs. Milton A. Friedman

3rd Vice President: Mrs. Stephen J. Provenza

Treasurer: Miss Amelia C. De Dominicis

Recording Secretary: Mrs. Charles J. Neun

Corresponding Secretary: Mrs. Richard R. Crane, 6007 Eurith Ave., No. 6

Membership Secretary: Mrs. Jerome
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Mrs. Manuel B. Wagner
Mrs. Irving I. Cohen
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Mrs. George M. Schmidt, Elkton
Mrs. James A. I. Parker, Silver Spring
Mrs. Edward T. Maisenhalder, Bel Air
Mrs. William A. Cooley, Cumberland
Mrs. Charles S. Austin, Honorary
Board Member

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Convention Hi-Jinks



APPRECIATION

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From Left to Right—Morris R. Yaffe, 4th V.P.—Alexander J. Ogrinz, Jr., 3rd V.P.—Solomon Weiner, 2nd V.P.—William A. Cooley, 1st V.P.—Victor H. Morgenroth, Jr., President—John F. Wannenwetsch, Treasurer—Norman J. Levin, Chairman, Executive Committee—Nathan I. Gruz, Executive Secretary.

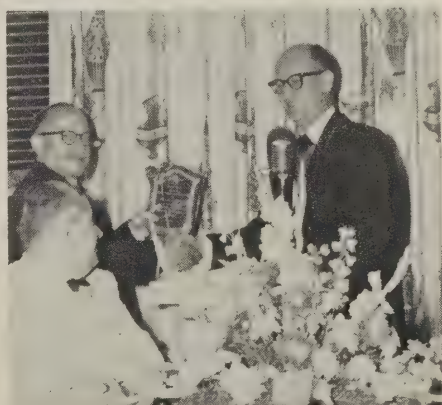


Installation of officers of the Ladies Auxiliary Maryland Pharmaceutical Association.

Presentation of Pharmacy Week Window Display awards by Chairman Milton A. Friedman.



H. Nelson Warfield, 1st prize

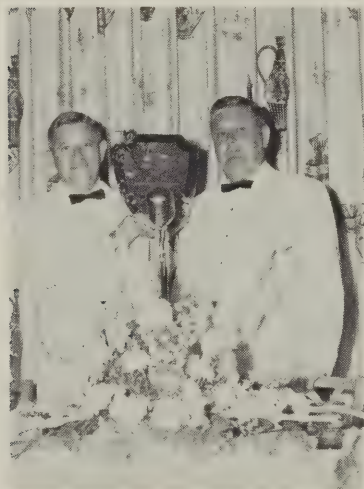


Morris L. Cooper, 2nd prize

PANELISTS ON "CHANGING PATTERNS IN PHARMACY"



Left to Right—Lee E. Eiler—Stanley J. Buch—J. Curtis Nottingham, President Levin—Irvin Rubin—Secretary Gruz



Norman J. Levin receives Past President plaque from President Morgenroth

CONVENTION OF THE LAMBDA KAPPA SIGMA INTERNATIONAL SORORITY

The Seventeenth Biennial Convention, celebrating the Fiftieth Anniversary of Lambda Kappa Sigma International Pharmaceutical Sorority, was held in Boston, Massachusetts, June 24th to 28th, 1962. Some 150 members from chapters throughout the United

States and British Columbia attended the meeting.

At this Convention the Sorority approved a stepped-up recruiting program to interest more qualified women in the profession. Also approved was a "Self Help Medical Care" program, which is already being carried out by some chapters in connection with Civil Defense.

Special highlights of the convention included the first International Scholarship Award, which was presented to a Butler University student. Each member present received a Golden History Book of the Sorority. Gold and silver certificates were presented to chapters initiated fifty or twenty-five years ago. Two charter members attended the Convention and were extremely proud of the achievements of the Sorority.

Epsilon Collegiate Chapter, University of Maryland, School of Pharmacy was represented by Susan Yee and Jeanne Baker. The delegates from the Alumni Chapter were Jennie Leberman, Amelia C. DeDominicis, Carol Fleagle and Emma Frey. Mrs. Frey was elected Vice President of the Grand Council of the Sorority for 1962-64.

CONGRATULATIONS AND BEST WISHES
TO THE NEWLY ELECTED OFFICERS
OF THE
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COMMITTEE REPORTS—Left to Right from top

President Levin—Simon Solomon—John F. Wannenwetsch—Secretary Gruz
 Jerome J. Cermak—Francis S. Balassone—Dean Noel E. Foss—Harold M. Goldfeder
 Gordon A. Mouat—Miss Olive B. Cole—Alexander J. Ogrinz, Jr.—Irving I. Cohen
 Charles E. Spigelmire—Morris R. Yaffe—Jerome Mask—Stephen J. Provenza

PANEL ON "MEDICAL CARE FOR THE AGED"



Bernard P. Harrison, A.M.A.—Chairman Victor H. Morgenroth, Jr.—Nathan I. Gruz
H.E.W. Assistant Secretary Philip H. Des Marais

LADIES WILL LOVE NARD CONVENTION; THE MEN WILL ENJOY IT, TOO

Designed especially to please the ladies, a varied entertainment program has been planned for the forthcoming 64th annual convention of the National Association of Retail Druggists. The convention will be held in New York City from September 16th to 20th.

The ladies' program, to date, includes a tour and luncheon at the United Nations, a luncheon at nationally-famous Patricia Murphy Restaurant, Yonkers, N.Y., a fashion show and tea sponsored by Bristol-Myers at the Waldorf-Astoria, and a 3-hour boat tour of New York City's famous skyline via the well-known Circle Line.

A bevy of 9 delightful ladies of Pharmacy are serving as co-chairladies of the Convention. They include: Wilma Bellis, Lucy Calitri, Sadie Goldberg, Ceil Lepaw, Etta Newfield, Gladys Pecker, Sophie Pordes, Ettie Prial, and Betty Schaefer, assisted by a number of hostesses from every section of the metropolitan area.

Not to neglect the hard-working men of Pharmacy, the convention committee has arranged an unusual program of entertainment to provide a change-of-

pace to the outstanding business meetings. Plans for these meetings—which will encompass Pharmacy's pressing problems—are now being finalized.

The convention will make a fast start on Sunday, September 16, via a "Get-Together Nite" at the Statler-Hilton Hotel. This opening affair will feature an outstanding orchestra and entertainment.

Monday nite has been set aside for the President's Ball. Sponsored by Revlon, this delightful affair will take place at the Waldorf-Astoria Hotel, reports Nicholas S. Gesoalde, chairman of the Reception Committee. His daughter, Thea Gesoalde, will serve as co-chair-lady.

Tuesday nite will bring a fast-moving Variety Show. Sponsored by Colgate, the dazzling entertainment will take place at the Commodore Hotel.

Wednesday nite will serve as a delight for all lovers of music—as NARD Conventioneers visit Carnegie Hall. The evening is sponsored by E. R. Squibb & Sons.

Thursday nite is Special Surprise Nite.

Headquarters hotel for the convention will be the Statler-Hilton Hotel.

COURT OF APPEALS REFUSES TO REVERSE**CALIFORNIA ANTITRUST VERDICT**

An 18-page decision handed down by U. S. Ninth Circuit Court of Appeals Judges Orr, Hamley and Merrill on June 27 concludes that the appeal of the Northern California Pharmaceutical Association and Donald K. Hedgpeth vs. the United States of America is "not sufficiently meritorious to warrant a reversal of this case."

The unanimous decision clearly indicates that the Court did not see a true image of the pharmacist as a professional man dispensing a prescription. Judge Orr, who authored the decision, stated that the "appellant's evidence tends to establish that in certain limited respects the practice of pharmacy, (as presently practiced at the local retail level,) should be characterized at least as 'quasi-professional'." However in a footnote to this statement, the decision sharply notes, "the record shows that the practice of pharmacy has . . . progressively succumbed to the demands of mass production and mass merchandising in the industry which it serves."

The Court dismissed the argument by stating that the fact is "nevertheless utterly irrelevant in the instant case." Reasons for the irrelevancy were because the Court felt that a dispensed prescription was a commodity. The decision states, "final distribution of such a drug by the retailer involves the receipt of a prescription and an occasional re-labelling of the drug and a breakdown in quantity . . . The retailer, when he receives the drugs, in many cases merely passes on the original package, in response to a prescription re-labelling the package because to do so 'is very good advertising.' . . . The hired pharmacists who do this work are unionized and are on straight-time wages."

The Court summed up their argument by stating: "We do not decide that every

action of professionals is within the reach of the Sherman Act. We do decide that an agreement among professionals to fix a commodity price is."

It appears that only the use of a true professional fee, would have convinced the Court that there is a difference between the commodity involved in a dispensed prescription and the professional services rendered by a practicing pharmacist.

The long arm of Federal bureaucracy reached deep within state boundaries when the Court upheld Judge Goodman's decision that prescription drugs were in interstate commerce. "We attempt to determine, not by tracing the erratic movements of a single prescription drug, but by observing the usual course of the whole trade, what ultimate disposition of the product is contemplated by the business people involved," decided the Court. Without expressing an opinion of the admissibility of evidence to show the procedures a pharmacist undertakes in dispensing a prescription or of his relationship to the physician, the Court expressed that its exclusion was "at most harmless error . . ." The Court felt that Judge Goodman had every right to express an opinion to the jury on the existence of interstate commerce in the case.

Thus, without still viewing the whole span of pharmacy and the professional services rendered by the pharmacist when dispensing a prescription, the Court of Appeals declined to overturn Judge Goodman's ruling of the California antitrust case. Pharmacy's image as well as the professional service rendered in dispensing a prescription remains blurred in the eyes of the Court; only the commodity portion of the dispensed prescription was clearly in focus.

The Defense Counsel is now studying the California decision. A motion to move the Utah case directly to the U. S. Supreme Court has already been filed.



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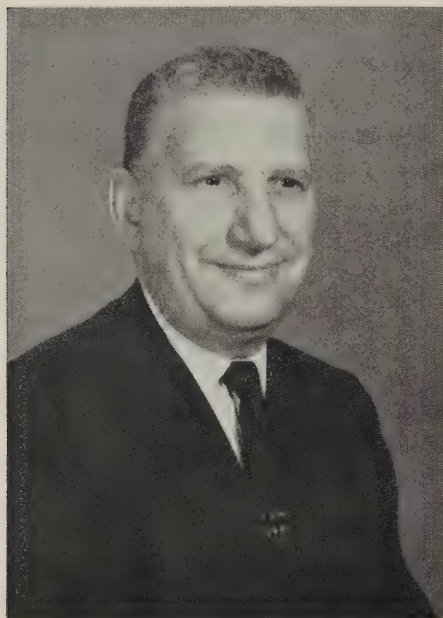


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HAROLD M. GOLDFEDER
ELECTED NATIONAL HEAD
A. Z. O. FRATERNITY

Harold M. Goldfeder, president of the Maryland Pharmaceutical Association 1960-61, was elected to the post of Supreme Directorum of the Alpha Zeta Omega National Pharmaceutical Fraternity. He is a member of the Pi Chapter of Washington, D. C.

A native of Johnstown, Pennsylvania, Mr. Goldfeder graduated from Temple University College of Pharmacy in 1940. He served in the Navy during World War II.

After considerable experience in retail pharmacy, Mr. Goldfeder established himself in Washington, D. C. and has expanded his business to the ten store Metro Drug Stores, with locations in Maryland, Washington and Virginia.

He has been active in many civic and professional organizations, including the A.Ph.A., N.A.R.D., National Association of Chain Drug Stores, the Board of Directors of the Washington Wholesale Drug Exchange, the Board of Directors

of the Washington Hebrew Academy and the Executive Committee of the Washington, D. C. Jewish Community Council. He is also 1st Vice-President of Beth Sholom Congregation, and the founder and first President of the Prince Georges - Montgomery County Pharmaceutical Association. In 1960, he was elected President of the Maryland Pharmaceutical Association and in 1961 became Chairman of the Executive Committee.

**THE FOLLOWING ARE CHANGES IN
 PHARMACIES IN THE STATE OF
 MARYLAND FOR JULY**

New Stores

Village Drugs, Inc., Robert E. Baxter, President, 383 Ft. Smallwood Road, Pine Grove Village, Pasadena, Maryland.

Edro Drugs, Edward Miller, President, 913 Middle River Road, Baltimore 20, Maryland.

North East Pharmacy, Inc., Milton Waxman, President, Main Street, North East, Maryland.

Change of Ownership

Diamond Drugs, Inc., Joseph Brenner, President, Formerly: Paul C. Johnson, Pres., Gaithersburg, Maryland.

Joseph William Shook, Sr., Sun Ray Drug, Formerly: Wm. H. Sylk, President, Sun Ray Drug, 2801 Greenmount Avenue, Baltimore 18, Maryland.

Change To Corporation

Halcolm S. Bailey, President, Bailey's Pharmacy, Inc., 8th and Philadelphia Avenue, Ocean City, Maryland.

Clayman's Pharmacy, Inc., Leonard K. Kramer, President, 442-444 E. North Avenue, Baltimore 2, Maryland.

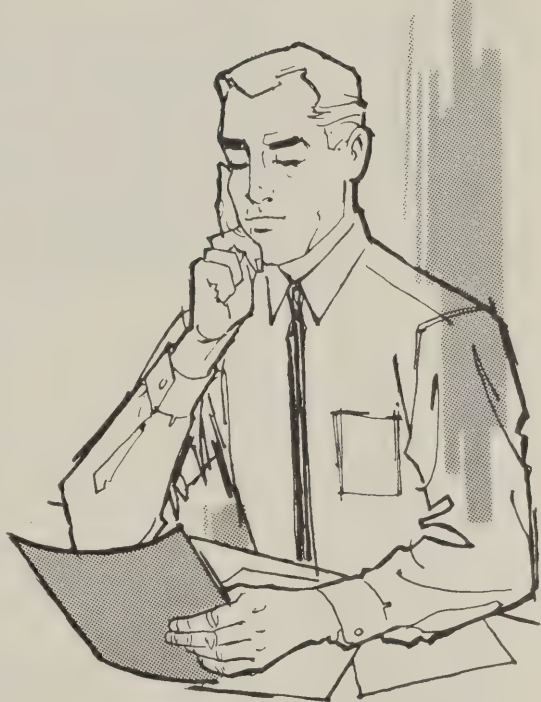
Closed

Linsan Drugs, Inc., Kay Cee Drugs, Jack Goldstein, President, 197 Shangri-La Drive, Lexington Park, Maryland.

Village Pharmacy, Edward Miller, Prop., 5432 Wasena Avenue, Baltimore 25, Maryland.

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JAMES R. HOWARD, JR.,
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STANLEY M. SILVER,
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Enterprise Fuel Company

BEN YEYZEROFF,
pharmacist

HENRY ZETLIN,
pharmacist



GILLESPIE, FOUR OTHER PRACTICING PHARMACISTS WIN IN APhA BALLOTING

Robert J. Gillespie, practicing pharmacist and leader in Michigan pharmacy, was declared president-elect of the American Pharmaceutical Association by the Board of Canvassers in a heavy mail ballot.

Four other practicing pharmacists from Florida, Arizona, Ohio and Michigan were also swept into office for the 1963-64 term. John Stadnick practicing pharmacist of Miami Springs, Florida, has been elected to serve as first vice president; and Mike Harris, practicing pharmacist of Phoenix, Arizona, will be the second vice president in 1963-64.

Councilors elected to a three-year term are Lee E. Eiler, practicing pharmacist of Dayton, Ohio; William B. Hennessy, practicing pharmacist of Detroit, Michigan; and Linwood F. Tice, Dean of Pharmacy, Philadelphia College of Pharmacy and Science.

These officers were elected in a mail ballot by active members in good standing, and the votes were tabulated by a Board of Canvassers appointed by President Archambault. The Board of Canvassers, consisting of Chairman R. David Allen of Virginia, John J. Debus of New Jersey, John E. Donaldson of Washington, D.C., and Henry R. Peters, also of Washington, D.C., met at APhA Headquarters on Wednesday July 25, to certify the results of the election.

Also approved by the mail ballots were three changes in the Constitution and one in the By-Laws. Two of the Constitution changes dealt with title changes ("Secretary" to "Executive Director" and "Branches" to "Chapters"). The third Constitution change and the By-Laws change covered investment of moneys and funds.

The newly elected officers will be installed at the conclusion of the APhA annual meeting in Bal Harbour (Miami Beach), Florida, the week of May 12, 1963. The present officers of the APhA who will continue to serve through the

1963 annual meeting are George F. Archambault, president; J. Curtis Nottingham, first vice president; and Lee E. Eiler, second vice president.

The Honorary President of the APhA is elected by the House of Delegates annually, and the Executive Director and Treasurer are elected triennially by the House of Delegates. Paul S. Pittenger, of Philadelphia, Pennsylvania, the Philadelphia College of Pharmacy currently serves as Honorary President, while William S. Apple of Washington, D.C., was elected Executive Director and Hugo H. Schaefer of Yonkers, New York, was elected Treasurer for a three-year term at the 1962 annual meeting.

The President-Elect of the APhA was born in 1917, and received his BS degree in 1941 and an honorary Master's degree in Pharmacy in 1962 from the Philadelphia College of Pharmacy and Science. Robert Gillespie is actively associated with Gillespie's Drugstore in Saint Joseph, Michigan, and two other pharmacies in Benton Harbor. He is a past first vice president of APhA, past president of NABP, and is currently a member of the Michigan Board of Pharmacy. He served in Europe during World War II with the 103rd and 45th Infantry Divisions and was awarded the Bronze Star.

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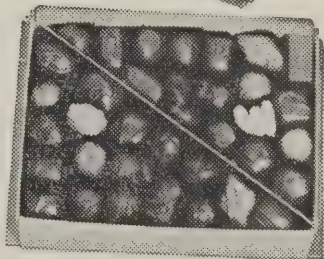
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VETERANS ADMINISTRATION CANCELS CONTRACT WITH ASSOCIATION

A change in the Veterans Administration's hometown pharmacy program involving direct payment to pharmacies, starting about October 1, 1962, has been announced by the VA.

Payment in Maryland as well as in most states is now being handled through contracts with the State pharmaceutical associations.

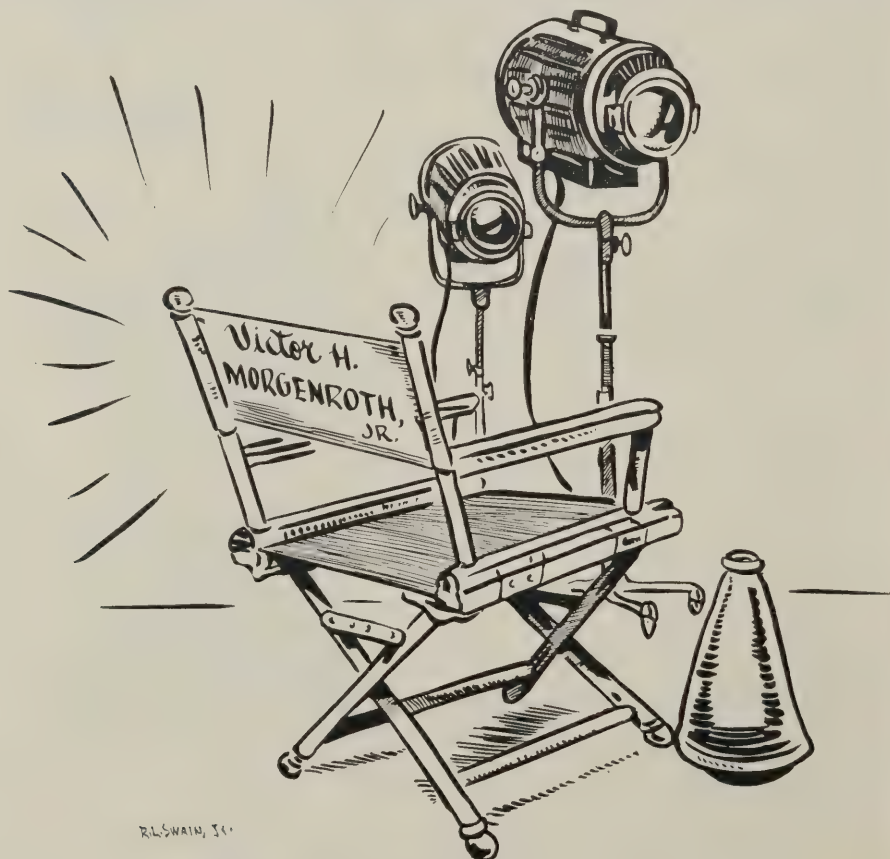
Services to veterans will **not** be affected, as only the method of administering the pricing and payment will be changed.

Contracts between the VA and State pharmaceutical associations for the hometown pharmacy program are in

force in all states except Alaska, Nevada, Rhode Island, and the District of Columbia, but expire June 30.

The VA is temporarily extending the current contracts with the associations to September 30, 1962, to permit the program to continue operating in its present manner until arrangements are made for individual pharmacies to send bills direct to VA outpatient clinics.

While certain anti-trust cases involving some pharmaceutical associations were in progress, the VA, for the protection of both the associations and VA's contracting offices, asked the Department of Justice to review the form of contract which the agency had and



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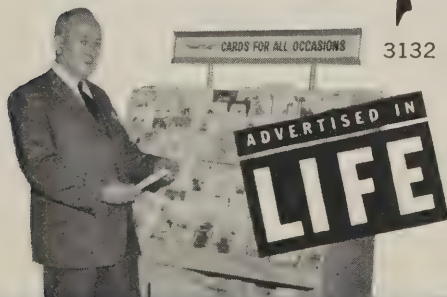


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proposed to continue with the State associations.

After such review, the Assistant Attorney General, Anti-Trust Division, ultimately concluded that the arrangement with the associations presented questions under the Anti-Trust laws and suggested that the VA:

1. Make arrangements for direct payment to pharmacies based on prices developed by the VA.

2. Eliminate any arrangements with State pharmaceutical associations to audit, review, and adjust prices charged by individual pharmacies.

The VA is developing procedures for its outpatient clinics to receive, audit, and pay bills submitted direct to them by the individual pharmacies. Much of this can be done by machine, and the VA believes it will be able to pay pharmacies within 30 days in the majority of cases.

The agency also is developing a notice of authority to fill VA prescriptions, for distribution to individual pharmacies along with instructions on fee schedules. All licensed pharmacies will be eligible to accept and fill VA prescriptions, provided they conform to the published VA instructions and VA fee schedule.

The VA plans to offer State pharmaceutical associations an opportunity for a continuing role in the program. As one possibility, the association through a letter of agreement could serve as a professional advisory body on pharmacy matters in the hometown program and as liaison between the pharmacies in the state and the VA.

This arrangement would be similar to that which is in effect with the majority of State medical associations for the VA hometown medical program.

The National Conference of State Pharmaceutical Association Secretaries is taking steps to bring about a reversal of this contemplated action so that the state pharmaceutical associations may continue their present role in Veterans Administration prescriptions.

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**AMA JUDICIAL COUNCIL CONSIDERS
PHYSICIAN-OWNED PHARMACY PROBLEM**

The American Medical Association's Judicial Committee has spelled out procedures for handling complaints of unethical practices resulting from physician-owned pharmacies, physician-owned pharmaceutical companies or drug repackaging companies. The Judicial Council report issued after meeting with representatives of the American Pharmaceutical Association and the National Association of Retail Druggists states—

"When a complaint is made regarding the practices of a particular physician or group of physicians who own or have an interest in pharmacies, pharmaceutical companies, or drug repackaging companies, the local medical society has a positive obligation to investigate the facts. The society must ascertain whether the particular practice exploits the patient; whether its results in inferior medical care; whether the cost of drugs to the patient is increased; whether the situation is an act in derogation of the integrity and honor of the medical profession and its traditions; whether the practice is a subterfuge to permit the doctor to accept a rebate; or whether it

tends to cause the doctor to overprescribe or prescribe less effective drugs. Having conducted such an investigation, the local medical society must then take appropriate action where indicated to protect both the public and the professions."

In its report, the Judicial Council stated that while it "is not in itself unethical for physicians to own pharmacies, or to hold stock in pharmaceutical companies, the ownership of a pharmacy or the ownership of stock, or a financial interest in a pharmaceutical company, can under certain circumstances become unethical and contrary to the best interests of the public and the medical professions."

The American Medical Association's Judicial Council further suggested the establishment of a Code of Cooperation between physicians and pharmacists to serve as another measure to prevent abuses and to promote better understanding between these two professions. The Judicial Council and representatives of APhA, ACA and NARD have agreed to draft a model code of cooperation which is to be presented at the November, 1962 meeting of the American Medical Association House of Delegates for consideration.

Representing the American Pharmaceutical Association before the American Medical Association's Judicial Council was Robert J. Gillespie of St. Joseph, Michigan and Chairman of the APhA Committee on Professional Relations; Robert E. Abrams, of Philadelphia, Pennsylvania, Executive Secretary of the American College of Apothecaries; and Raymond Dauphinais, Director of the APhA Legal Division. Representing the NARD at the Chicago Judicial Council meeting was Ralph B. Rooke, of Richmond, Virginia; Peter J. Sletterdahl of Chicago, Illinois and Robert P. Fischelis of Washington, D.C. The meeting was held just preceding the American Medical Association annual meeting at the Palmer House in Chicago, Illinois.

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RUTGERS PHARMACEUTICAL CONFERENCE

The possibility that legislation may be enacted compelling use of the formulary system in community pharmacies was viewed with alarm at the 11th annual Rutgers Pharmaceutical Conference.

Paul A. Pumpian, Wisconsin State Board of Pharmacy secretary, speaking to more than 500 representatives of all phases of the pharmaceutical industry and profession said dispensing a generic equivalent when a brand name drug is prescribed is "potentially one of the greatest health hazards."

Pumpian asserted: "The formulary is a Frankenstein because it was espoused by ethical pharmacists with high ideals and it is being used by pharmacists and hospital administrators whose only aim appears to be the showing of a profit in the pharmacy to carry the other departments of the hospital.

"The principle of the formulary," the Wisconsin official continued, "is not only being followed in hospitals today, but is being utilized in providing medication to welfare recipients.

"I am afraid that groups with vested interests will some day be able to obtain legislation compelling use of the formulary system in community pharmacies and what a catastrophe that would be, especially if the principles under which the hospital formulary is currently being implemented were to be followed."

Pumpian said there "is a place for the formulary" but only if five safeguards are established. He urged:

"1. The physician should be required, each time he writes a prescription to affirmatively indicate that a 'formulary alternate' may be dispensed. . .

"2. The Pharmacy and Therapeutics Committee should list as 'formulary alternates' products by brand name. If the generic name is the name under which the product is manufactured, the generic name should be coupled with

the manufacturer's name. . .

"3. The list of 'formulary alternates' adopted by the Pharmacy and Therapeutics Committee should be made available to every prescriber so he knows what may be dispensed if the product he prescribes is not available and so the pharmacist knows what he may dispense as an alternate. . .

"4. Medication when dispensed and forwarded to the nursing station in a hospital should bear the name of the product dispensed and an indication of the product prescribed.

"5. The prescription or any document used to order the medication should be marked with the name of the product dispensed."

Pumpian also called for an improvement of the pharmacy internship system. He said:

"By restricting the training of future pharmacists to pharmacists worthy of the title 'Registered Pharmacist' we should be able to curtail and eventually eliminate the licensing as pharmacists of individuals whose only concern is the obtaining of that so-called symbol of success, the dollar bill."

The Wisconsin official urged, "A formal practical experience program must be established for our future pharmacists to complement what has been taught in the pharmacy schools but this program must be coupled with a means of selecting the pharmacist who is to serve as the trainee's preceptor."

Other speakers called on pharmacists to participate actively in the governmental process and discussed retailer and wholesaler problems.

J. Phillip Smith, group vice-president, Chas. Pfizer & Co., Inc., morning chairman of the day-long program said:

"Where analysis of a legislative proposal would justify support, we should lend such support with vigor equal to that we might be inclined to expend in opposition to legislation where this might be indicated."

Leonard Rosenstein, New Jersey Pharmaceutical Association president-elect, declared, "The pharmacist must reaffirm his position in society by being an active functioning arm of the community.

He noted, in addition to the usual reasons for participation in community affairs, there "is the equally important cause of maintaining his economic and professional freedom."

Another speaker Edward A. Loring, vice-president, Gilman Bros., Inc., Boston, Mass. noted the problems facing drug wholesalers. He attacked some wholesalers for diversion of goods to discount houses and suggested:

"I see no course to pursue but one of constant discussion and communication with manufacturers so that the wholesaler can explain the problems he runs into both at the wholesale and retail level.

"And," Loring continued, "the manufacturer may also have an opportunity to discuss his problems and express himself as to what he feels about shortcomings in respect to the wholesaler and retailer."

Willard B. Simmons, executive secretary, National Association of Retail Druggists, expressed sympathy with the plight of the wholesalers, saying:

"Whatever hurts reliable service wholesalers also harms the independent retail druggist. He must rely on them as efficient suppliers and he looks to them for guidance on merchandise and business promotion, extension of credit and assistance in public relations."

Dr. John L. Voigt, New Jersey State University Pharmaceutical Extension Service director is secretary of the Conference which is co-sponsored by Rutgers University Extension Division.

Obituary

VICTOR G. MERCER

Victor G. Mercer of Frederick, member of the Executive Committee of the Maryland Pharmaceutical Association, died June 1, 1962, following a lengthy illness.

He was a graduate of the University of Maryland School of Pharmacy in the class of 1925 and was a long time active participant in pharmaceutical affairs.

He was a member of Columbia Lodge and 32nd Degree Mason, Ali Ghan Shrine Temple of Cumberland, Frederick Lodge of Perfection and Tall Cedars of Lebanon.

He is survived by his widow, Mrs. Grace Feaga Mercer, and two sons, Robert V. Mercer and Paul F. Mercer.

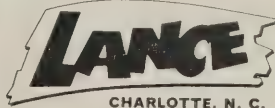


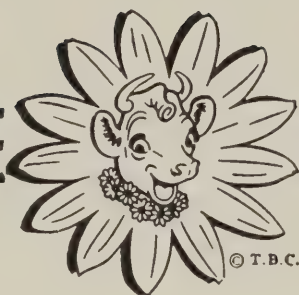
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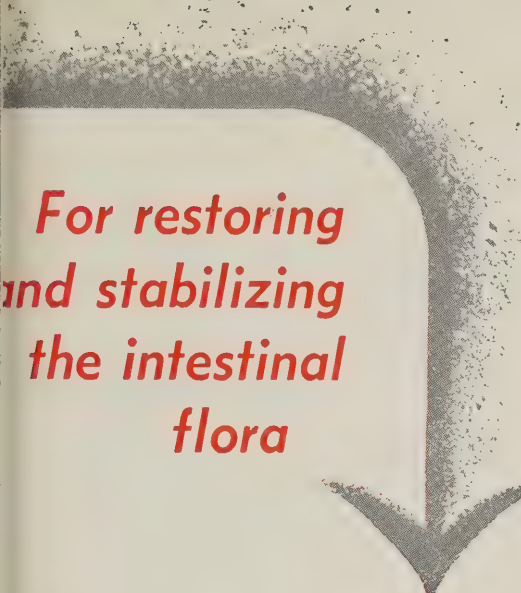




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(1) Siver, Robert H.: *Current Medical Digest*, Vol. XXI, No. 9, September 1954. (2) McGivney, John: *Texas State Journal of Medicine*, Vol. 51, No. 1, January 1955. (3) Frykman, Howard M.: *Minnesota Medicine*, Vol. 38, No. 1, January 1955. (4) Weekes, D. J.: *N. Y. State Journal of Medicine*, Vol. 58, No. 16, August 1958.

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FALL REGIONAL MEETING

Maryland Pharmaceutical Association

PETER PAN INN, URBANA, MARYLAND
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Thursday, October 18, 1962

INTERPROFESSIONAL MEETING

A panel of physicians will discuss physician-pharmacist relations.

See Page 823 inside for details

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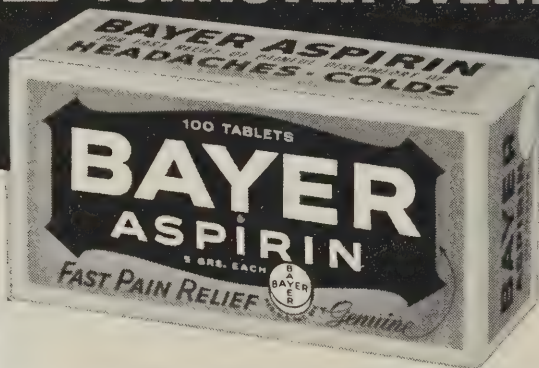
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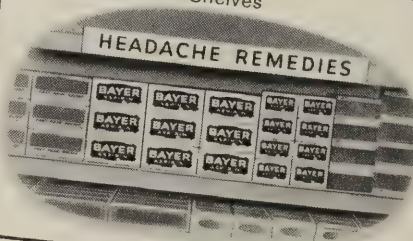
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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XXXVII

AUGUST, 1962

No. 11

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... Editorial ...

MEETING COMPETITION TODAY

The community pharmacy has played a vital role in the community life of this country. Most Americans have fond memories connected with the neighborhood pharmacy and its proprietor — the pharmacist.

We can still maintain this image of the community pharmacy as part of the American way of life. For this we must work and fight. Survival will not be granted on a silver platter.

Some of us see the eventual salvation of community pharmaceutical service in an increasing number of pharmacies devoted to prescriptions and health care items. However, we believe that many pharmacists would benefit from the advice of J. J. Shine, Editor of the "Central Pharmaceutical Journal":

"Serving the public with non-medical items has not and will not hurt drug stores except where management ceases to remember that he is a pharmacist first and a businessman second. Selling off-items in a drug store can be overdone, such as garden hose and sprinklers. To me, a conservative number of consumer products that fit the public demand can be sold, but whatever is sold should fit into a professionally trained personnel and at no time should anything be sold that is offensive to the practice of pharmacy. Always remember that you are a pharmacist first and a businessman second."

On the positive side, here are some methods suggested by the National Retail Merchants Association to realistically meet the competition that offers nothing but "price" to the public:

1. See to it that your salespeople really know how to sell.
2. Set your own house in order. If operating at a cost of doing busi-

ness of over 30%, sit down and evaluate where you can cut.

3. Maintain — but truly maintain — basic stocks.
4. Check the amount of your "paperwork" — is it absolutely necessary?
5. Stress your credit service or services.
6. Comb the market for different merchandise.
7. Run a clean store.
8. Limit the number of sources, so that you can be important to those you retain.
9. Bring the stock room upstairs to the floor.
10. Build the customers' confidence in you.
11. Stand by manufacturers' guarantees.
12. Play up your brand names.
13. Improve layouts for maximum traffic flow.
14. Don't abandon or dilute your services.
15. Establish strong cost controls.
16. Make yours a friendly store.
17. Make the sales floor more productive, through a better self-selection fixturing.
18. Remember, not all customers are interested in price alone.
19. Concentrate on broad assortments and on continuity of this merchandise.
20. Modernize the store's interior.
21. Review lines to eliminate duplication of items.
22. Use Manufacturers' representatives to check stocks.
23. Don't drop lines (de-emphasize them if you wish).
24. See that your return policy is liberal.

25. Sell merchandise you normally don't carry at nominal markup to pull traffic.
26. See that the community image as a shopping center is strengthened and maintained in strength.
27. Train salespeople to explain to customers what the difference in price represents.
28. Learn from the manufacturers' representatives. They know what the other fellow is doing.
29. Capitalize on the fact that the discounter can't and won't introduce new items.
30. Display prominently your best selling items, with informative signs.
31. Refuse to advertise merchandise sold also by the discounter.
32. Encourage telephone business—the discounter won't.
33. Remember the best defensive is an offensive!

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Tip-Top and Goody Curlers
Trojans - Lambskins - Guardians
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Jones Enamelware
Gillette, Gem, Razors and Blades
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PRESIDENT'S MESSAGE

Dear Fellow Members:

Summertime is over and it's back to work. Let me tell each member of the Association that the Executive Committee has not been vacationing all of this time. The first two meetings are now history, and the main function of these meetings are to appoint and approve committee assignments. These assignments and approvals have been completed and though they will be reviewed from time to time to meet the particular needs of each committee, the chairmen have been appraised of their duties and objectives.

First and foremost, this is a legislative year in Annapolis and will require some forthright thoughts from all the membership in assisting Jerome Mask and the Legislative Committee to complete YOUR legislative program. Your President has taken upon himself to write each local president reviews of each month as we progress so that each local association will have a further review of the pharmaceutical happenings in the state of Maryland posthaste. One of the items that is foremost on the agenda is the Regional Meeting of the state association on October 18, 1962 at Peter Pan Inn, Urbana, Maryland. Elsewhere in this issue you will note that the program for another first for the Association is that we have succeeded in having with us on this particular afternoon a panel of physicians who will discuss certain mutual problems and be prepared for a thorough round-table discussion of any problem concerning medicine and pharmacy. Won't you please make every effort to fill Peter Pan this particular afternoon?

Also, keep in mind November 1st the Trade Relations Committee's First Annual Seminar on Economic Problems also included elsewhere in this issue. Remember fellow pharmacists once again that this is your association and I and its officers can only do what you make possible. We welcome your thoughts and ideas so that we can make this association the best association.

Sincerely,

VICTOR H. MORGENROTH, JR.
President



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Maryland Pharmaceutical Association

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INTERPROFESSIONAL MEETING WITH PHYSICIANS

Schedule:

1:00 P.M. Delicious Luncheon

2:00 P.M. MPA Business Meeting

2:30 P.M. LAMPA Meeting and Entertainment

3:00 P.M. Panel Presentation:

"PHYSICIAN-PHARMACIST RELATIONS"

Panelists from the Medical and Chirurgical Faculty of
of Maryland:

J. Morris Reese, M.D.—Baltimore

John F. Schaefer, M.D.—Baltimore

Edgar P. Williamson II, M.D. - Ellicott City

Moderator:

James P. Cragg, Jr.

5:00 P.M. Cocktail Hour

6:00 P.M. Full Course Dinner

7:00 P.M. Presentation of Past-President's Plaque to Norman J.
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Informative and Enjoyable Day.**

Secretary's Script . . .

A Message from the Executive Secretary

Both the professional and economic foundations of pharmacy are under heavy assaults that seem to increase every day.

The members of the Maryland Pharmaceutical Association call upon the Association its officers and the Executive Secretary for assistance in every matter affecting pharmacy.

Those who are dedicated to the advancement of the profession attempt, with the resources and limited staff available, to discharge their responsibilities. A minority—a consecrated band of members—sacrifice their time, efforts and even their own funds in behalf of all their colleagues in pharmacy. They volunteer their services regularly. They respond unselfishly and readily to every call from their leaders in the projects of their association. They gladly devote days and nights to their profession. They willingly travel

throughout the state and to other states in the interest of all of us.

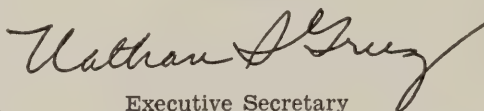
I believe that the many in pharmacy owe a great debt to a few.

Are you dissatisfied with the status quo in pharmacy? Then join and support the organization for pharmacy in Maryland. If you are already a member, become an *active* member and enroll just *one* more pharmacist.

Remember, every pharmacist is eligible for *full* membership, whether he is an employer or employee, and regardless of his pharmaceutical specialty.

The chips are down. Stand up and be counted. We will get exactly the kind of profession we work for.

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School of Pharmacy, University of Maryland, News



REUNION OF CLASS OF 1937 OF THE SCHOOL OF PHARMACY UNIVERSITY OF MARYLAND, SHERATON-BELVEDERE HOTEL, MAY 10, 1962.

THE 25TH REUNION OF THE CLASS OF 1937 OF THE SCHOOL OF PHARMACY OF THE UNIVERSITY OF MARYLAND

When prospective graduates of the School of Pharmacy were hopeful and looking forward to graduation day in 1962, the members of the Class of 1937 were celebrating the 25th Reunion of the class at the Sheraton-Belvedere Hotel on May 10, 1962.

The pre-dinner hour was a happy time, as many of the forty-six persons attending had not contacted their classmates since the 20th Reunion, and they were enjoying a cheerful glass and calling attention to happenings at School in 1937. Ten physicians now practicing in Baltimore who attended the School of Pharmacy in 1937 enjoyed the occasion.

Elmer R. Kellough, Jr. who was President of the Class in 1937, was Master of Ceremonies. Ross Pierpont, M.D. was Toastmaster and Chester A. Kosakowska, as Chaplain, gave the invocation.

Three members who had died during the twenty-five years were remembered in a memoriam exercise.

Dr. B. Olive Cole, Dr. Noel E. Foss and Dr. Frank J. Slama were guests and congratulated the group on their many achievements.

Each member of the group, when called upon by the Toastmaster, responded by giving an account of their past and present activities. Their youthful appearance did not register the passing of twenty-five years.

The following were the members of the Committee planning the reunion:

Jerome J. Cermak, Hershel Cohen, Leroy O. Dawson, Alexander M. Mayer, Henry V. Merkle, Gordon A. Mouat, John F. Neutze, Albert F. Turner.

Dr. Noel E. Foss, Dean of the University of Maryland School of Pharmacy, has been appointed to the State Board of Health by Governor Tawes.

Dean Foss fills the vacancy due to the resignation of Dr. Lloyd N. Richardson of Bel Air, who was appointed to the Board in 1944. Dr. Richardson was originally appointed to replace Dr. E. F. Kelly and was subsequently appointed for two six-year terms. He had served on the Maryland Board of Pharmacy



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from 1925 to 1944, holding office as president of the Board from 1940. He was also elected president of the Maryland Pharmaceutical Association in 1940.

Mr. Louis Gubinsky, who was awarded the B. S. degree in Pharmacy in June 1962, won first prize in the Southern division in the undergraduate student essay competition of the Lunsford Richardson Pharmacy Awards. The title of his essay was, "Pharmacy — A Profession of Broad Responsibility," and earned him a \$500 cash award with the matching award for the same amount going to the School of Pharmacy.

Mr. Albert H. Warfield and **Mr. Irving M. Fried**, graduate students working for the Ph.D. degree majoring in pharmaceutical chemistry, received Honorable Mention in the Southern division in the graduate student essay competition and were awarded \$50 each. Thirty-five dollars was awarded to the Student Branch of the A.Ph.A. since all three recipients of these awards were members of the Student Branch.

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PHARMACY BOARD RESULTS

The Maryland Board of Pharmacy met at the office of the secretary, 301 West Preston Street, Baltimore, on Friday, August 10, to canvass the grades made in the examinations conducted by the Board on June 20, 21, and 22, 1962. Registration was granted to the following:

Patricia Pitsenberger Vandervort
Sally Evans Veith

The following passed the theoretical examinations, but registration is withheld until they have met the legal requirements for practical pharmacy experience and have passed an examination in practical pharmacy:

Harmond Hersh Amernick
Larry Louis Augsburger
Edward Philip Becker
Arnold Lee Blaustein
Lawrence Howard Block
Ernest Allan Boatman
Lawrence Dennis Cholden
Richard Graham Clinger
Gabriel Michael Contrino
Chester Fred Eley
Morton Bernard Farina
Stuart Paul Feirstein
Sister James Marie Flaherty
Stephen Jay Gandel
Nancy Lee Gibbon

John Eastman Grubb
Louis Gubinsky
Sydney Herbert Hamet
Sister Mary Edward Hannon
Gene Abbe Harnick
Gordon Marshall Harrison
Sister Mary Arthur Henretty
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David Yale Serpick
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John Byron Smyth
Theodore John Sophocleus
Henry Sugarman
Sister John Elizabeth Tague
Herbert Charles Wagner
Richard Allan Wankel
Donald W. Wolff
James Zambello
Robert Brooke Zaretsky

Mr. Christopher Anthony Rodowskas, Jr. had previously passed the theoretical examinations, and by virtue of having passed the practical pharmacy examination at this time, registration was granted to him.

TRUTH

The fourteenth century English reformer, John Wycliffe, said it forever: "I believe that in the end the truth will conquer." Men have died fighting for it, governments have been built on it—can we do less than follow it? Only by rigorous attention to quality and the demands of the profession could a company succeed so well that millions of drugstore customers know its unadvertised products—and ask for them by name—year after year. **YOUNGS RUBBER CORPORATION.**



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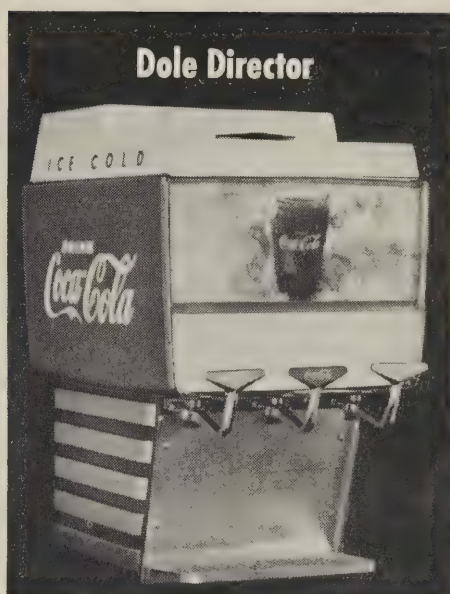
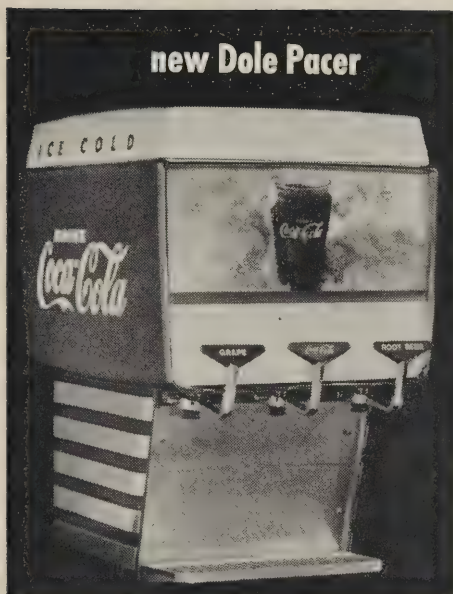
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. CONTRIBUTIONS .

USE OF "EGG" IN PHARMACY AND COSMETICS

by B. F. Allen*

The whole egg, various portions of the egg, as well as concentrates and constituents of this natural material, have had many applications from antiquity to the present time.

As a "natural" emulsifier, the egg or its components have specific points of usefulness in many food products. The new "miracle" diets publicized by manufacturers, motion picture and television stars seem to always contain some of the aforementioned materials as ingredients in the recipe. The creamy-textured eggnog beverage, as well as the flavor, is another illustration of a popular use of this material.

It has been stated that a concoction of egg yolks, oil of roses and turpentine was used to scald wounds. Eggs cooked in rainwater formed the base for a homemade eye salve used in pioneer days. Stage actresses used to rub egg whites into their faces to make wrinkles less noticeable. In fact, the addition of small quantities of egg white is reported to improve the keeping qualities of beer.

The advent of newer agents and the obvious difficulties arising from the important problem of spoilage caused the "egg" preparations to fall into disuse, and they were eventually dropped from the official compendia.

However, it should be noted at this time that hen's egg and egg yolk were recognized as late as the N.F. VII. Both of these materials were used in the official formula for acetic turpentine liniment, while egg yolk appeared in cod liver oil emulsion with egg and also in the glycerite of egg yolk. An old

N.F. preparation known under the synonym of Canada liniment was made with fresh egg albumin.

Because of its nutrient value and other properties, egg has been widely used in milk shakes, wine, beer, and other beverage mixtures. This same idea has also been carried over into the pharmaceutical elixirs where a combination of egg yolk^a and ovoidlecithin has been utilized.

Important work has been carried out on a wide range of issues involved in parenteral administration of fat emulsions. It has been reported that an emulsion of egg-yolk in physiological saline when injected intravenously in dogs remains in the blood for a prolonged period and permits certain investigations to be conducted.

A 22-Gm. bar consisting of specially processed concentrate of egg yolk in a stable blend of vegetable fats with chocolate flavor is available for diagnostic purposes^b. It induces evacuation of the gallbladder in connection with x-ray examination of the gallbladder. Contraction of gallbladder is said to occur within 30-45 minutes after ingestion (patient chews bar).

Hen's eggs contain liberal amounts of glucosamine (in combined form), the superior potentiating adjuvant to broad spectrum antibiotic therapy^c. Its presence in the yolk has been demonstrated, and it is said to be also present in egg albumin.

The cosmetic industry is said to be interested in reports that eggshells can be ground to a fine nonabrasive powder that could be used for face powder. Still another use proposed for this powder is in pills, etc., to help reduce calcium deficiency in children.

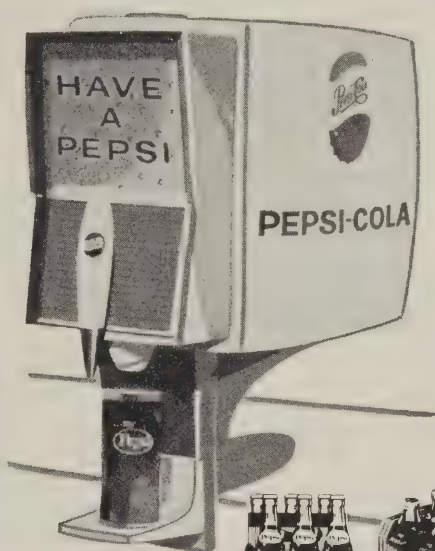
^a contains lecithin, see this Journal, 37, 10, 1962, p. 774.

^b Colo-Bar (Fougera)

^c Cosa-Tetracyln (Pfizer)

* Associate Professor of Pharmacy, University of Maryland

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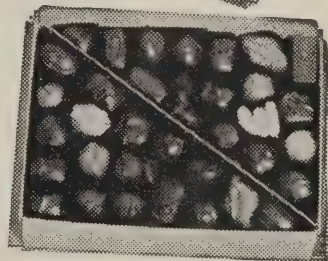
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Believing that nutrition, more than hormones was needed to arouse the sub-surface cells into producing more moisture to the mature skin, a cosmetician took a beauty secret from the past—the use of eggs—and incorporated it into a formula known as “Youth Dew Creme.” This concoction helps to bring back the supple lustre of a girlish complexion^d.

Hair conditioners classed individually are emollients. Egg is quite an emollient and has been added to shampoo either as egg yolk, whole egg, frozen, or dried egg.

The original true egg shampoo involved the use of eggs only. They were used particularly in hard-water areas, and were recommended for extremely dry hair. For best results, the egg white and the egg yolk are beaten separately, and then mixed and applied to the damp hair.

The egg yolk is claimed to have especially good cleansing action. Its use made it possible to avoid the formation of scum that originates from the use of soap with hard water. Egg yolk is also used for overbleached or damaged hair. It is said to leave the hair with an improved lustre.

Also, it has been stated that egg as an additive is for the aspect of “feminine psychology.” In fact, egg shampoo type formulations have been promoted which are colored light yellow and without any ingredient resembling “egg.”

At one time, a governmental agency issued a statement on the subject of the concentration of eggs required in egg shampoos as follows: (a) An article designated as “egg shampoo” should contain one egg (or the equivalent amount of dried whole egg) in that quantity of the article which would be used in one shampooing of the hair. (b) An article that contains less than one egg per “shampoo” should not be referred to as an “egg shampoo” and the word “egg” should not be used as part of the name of the article. (c) In the case of an article containing less

than 2 per cent egg, the amount of egg is so small as to be insignificant, and it is therefore considered that it would be misleading for the labeling to make any mention of the presence of egg in such a product.

Egg albumin has been used as a film former in the preparation of liquid beauty masks. Since it possesses absorbing qualities, its purpose also is to tighten the tissues. However, some people are sensitive to this protein material when applied in this manner.

Through a process involving solvent extraction and dehydration, an egg oil^e has been isolated which embodies, in concentrated form, many properties of egg yolk^f without the hazards of spoilage.

The egg oil is an amber to brown liquid having a characteristic odor^g and taste. It is soluble in mineral oil and vegetable oils forming a clear solution. It is insoluble in water but disperses readily when shaken with it to form water-in-oil emulsions.

Investigations have been carried out to determine its incorporation into suitable ointment bases for utilization as an ointment vehicle with water absorbing properties. Of the bases prepared, the following was found highly acceptable: 10 Gm. egg oil, 5 Gm. white wax and 85 Gm. white petrolatum.

This base is smooth and firm but not sticky or tacky and exerts no pull or friction on application. When applied to the skin, it has excellent spreading properties and marked emollient and lubricating characteristics. The water-holding capacity is approximately 70 ml. water per 100 Gm. base.

This egg oil has possible applications in cosmetic formulations such as: cold, all-purpose, hand and foundation creams; hand lotions; shampoos; and

^d in the leather industry, egg yolk improves the firmness, especially of the loose portions of the skin.

^e Vio Bin Corp., Monticello, Ill.

^f sometimes called egg oil

^g rather peculiar and unpleasant

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brushless shaving creams. It has further possibilities of application in hair waving solutions and in nail enamel removers where an emollient effect is desired to combat drying caused by loss of natural oils.

READ AND HEED THE LABEL

By Albert B. Heagy

Mr. Heagy is State Chemist, State Inspection Service under the Maryland State Board of Agriculture. He was graduated from the University of Maryland in 1930 in Agricultural Chemistry. Prior to assuming his present position, he served as Associate State Chemist in the enforcement of laws controlling sales and distribution of feed, fertilizer, limes and pesticides.

Our American public enjoys the most abundant and varied food supply of any nation in all history. The preservation of our present nutritional status is contingent upon the maintenance of our high standards of food production and conservation. Plant and animal pests rank among the foremost causes of food destruction, deterioration, and contamination. Therefore, it becomes necessary to protect growing crops, products, and even the home from serious damage by insects, plant diseases, and other pests from the standpoint of quantity, quality and health.

Hence, insecticides, fungicides, disinfectants, weedkillers, rat poisons and chemical fertilizing materials used in agriculture as well as in the home, have become essential to our every day life. A wide range of pesticide chemicals now available assures better farm yields, higher quality products, and more comfortable and pest-free home conditions.

All persons who use these materials should respect them and be aware of what they are and what they will do. Such chemicals must be used in specified ways, in specific amounts, at precisely the right time, and in accord with other recommended procedures.

By law, all of this information is stated on the label. These labels represent the end result of extensive research by the manufacturer and careful review for safety and effectiveness by qualified regulatory agencies. When the user

reads and follows label instructions he is assured of using the material correctly and with due respect for its properties.

Lately it has become fashionable in some quarters to theorize on the deleterious effects of pesticides and chemical fertilizers on the health and welfare of mankind. Without exception, these self-styled "experts" have at best only a sketchy knowledge of the subject.

With modern transportation making no two points on the globe more than hours apart, insect pests no longer can be isolated. Without their natural enemies, both predators and climate, they multiply unchecked. Stringent control is of prime necessity if health and food supplies are to be safeguarded.

As the world's population spirals upward resulting from advances in medicine and sanitation, natural, or organic fertilizers no longer are in sufficient supply to provide the astronomical quantities of food necessary. Chemical fertilizers are the logical and only answer to the problem.

In consideration of these basic facts, any objections to the use of pesticides and chemical fertilizers become purely academic.

It is safe to say that, when properly used, in full accord with label directions, pesticides and chemical fertilizers present no threat to the safety of the consumer. In general, a few simple precautionary rules followed to the letter by the consumer will avoid possible hazard and a successful spray and fertilizing program.

1. Keep pesticides in the original, labeled container.
2. Keep pesticides out of reach of children and pets and stored where they cannot contaminate feed and food products.
3. Dispose of empty containers in a safe manner to prevent hazard to humans and animals.
4. Read the label carefully and follow specified directions before each use of pesticides or commercial fertilizers.

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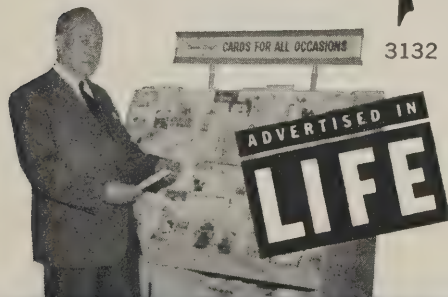


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Francis J. Watkins

Volume 20

AUGUST, 1962

No. 10

TAMPA CRAB FEAST

The annual T.A.M.P.A. Crab Feast held at Bay Ridge Beach on Thursday, August 16, 1962 was without any doubt one of the most pleasant in many years. The weather man favored us with a perfect Crab-Feast day. While the city folks sweltered in ninety degree heat with high humidity, the T.A.M.P.A. boys and their friends relaxed in a delightful breeze fresh off the Chesapeake Bay.

The affair was well supported by our druggist friends who not only shared our enthusiasm for food, but for swimming, baseball and cards as well. It was an afternoon of pleasant relaxation for everyone who attended. Some pitched horseshoes while others enjoyed the swimming pool or the cool Chesapeake Bay, and there were those who preferred the rustle of cards and cold beer. The question of who has the best softball team, the "Pill Pushers" or the "Pill Rollers" has still not been settled because neither team ever wins. It's all just for fun.

The usual menu of steamed crabs, crab soup, beer, and the fine dinner served to us later in the day could not have been better. Ed Kabernagel and

Sheeler Read greeted everyone with their usual enthusiasm and then stuck to their post near the door to see that everything went as planned. It did and everyone went home at the end of a perfect afternoon with the anticipation of attending another T.A.M.P.A. crab feast next year.

NEWS

Everyone should be delighted to know that Don Spedden is back in circulation after a spell in the hospital. Don has been one of our most energetic members and is due our thanks for arranging many of the luncheons that we have enjoyed this year.

**"IN UNITY THERE IS
STRENGTH."**

**JOIN YOUR
ASSOCIATION**

LOCAL, STATE, NATIONAL

Baltimore Metropolitan Pharmaceutical Association

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FRANCIS S. BALASSONE,	Ex-Officio

PRESIDENT'S MESSAGE

BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

The members of the Baltimore Metropolitan Pharmaceutical Association are given the opportunity to participate in the affairs of both their profession and their business—the practice of community pharmacy.

During the year, you are given the opportunity to serve both the public interest and the advancement of your own standing in your neighborhood as a pharmacist and good neighbor.

Here are just some of the projects your Association has always supported and has sought your cooperation for in order to have successful programs:

1. Oral Polio Vaccine Campaign.
2. National Pharmacy Week.
3. Diabetes Detection Drive.
4. Professional Relations Programs with physicians and dentists.
5. Public Relations programs.

In addition, your support of the "Product of the Month" promotion, as announced in the "Monthly Newsletter", is extremely important to the position of community pharmacists.

Are you supporting these programs to your maximum capability?

Are you marking *your* calendar for attendance at both *local* and *state* pharmaceutical association meetings?

I look forward to all pharmacists in the Baltimore metropolitan areas at association meetings. Never before has your all out support been so vital to pharmacy and to *you*.

Cordially,
 JEROME J. CERMAK
 President

-: NEWS ITEMS :-**SIMON SOLOMON PHARMACY ECONOMICS SEMINAR****NOVEMBER 1, 1962**

The First Simon Solomon Pharmacy Economics Seminar, sponsored by the Maryland Pharmaceutical Association, will be held at the Warren House, Blue Crest North, 403 Reisterstown Road, Pikesville, Maryland, on Thursday, November 1, 1962.

The Seminar will be held from 9:00 A.M. to 4:30 P.M., with a break for lunch. This annual Seminar has been planned to assist you in your business management. It is named in honor of Simon Solomon, who has been a tireless, unselfish worker for several decades in behalf of the professional and economic interests of pharmacists.

Outstanding speakers will present timely information on merchandising, meeting current competition and business management.

Experts will discuss "Increasing Cosmetic Department Profits", "Promotion for Profit in Sundry and Tobacco Department", "Progress for Retailers Through Banking Services", "Personnel Relations and Incentives" and other vital topics.

Be sure to join your colleagues—it will help you and honor an outstanding pharmacist of Maryland. Mark your calendar now and send in the reservation form printed below.

REGISTRATION FORM**SIMON SOLOMON PHARMACY ECONOMICS SEMINAR**

Please enter registrations for the First Simon Solomon Pharmacy Economics Seminar at \$3.00 each.

Please reserve luncheon tickets at \$3.75 each.

Check in the amount of is enclosed.

Please arrange motel accommodations at the Warren House Motor Hotel as follows:

Type of accommodation: ☐ Single ☐ Double ☐ Twin

Arrival time and date Departure

Name

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Maryland Pharmaceutical Association

650 West Lombard Street, Baltimore 1, Maryland

IMPORTANT NOTICE

VETERANS ADMINISTRATION PRESCRIPTIONS

The Maryland Pharmaceutical Association has been authorized to process Veterans Administration Hometown Program prescriptions until December 31, 1962.

Please continue sending your V. A. prescriptions and invoices to the Association office until December 31, 1962.

Beginning January 1, 1963, participating pharmacies will have to sign a contract direct with the Veterans Administration and submit their bills direct to the V. A.

It is important that you keep an accurate record of any difficulties that may arise after January 1, 1963. This suggestion is directed to relations between pharmacies and the V. A., between veterans and the V. A. and between veterans and participating pharmacies.

The Maryland Pharmaceutical Association will try to do its best to render professional service to participating pharmacies, veterans and the V.A.

The pharmacists of the state, as well as the Association, have rendered a professional public health service for the V.A. and for veterans in an efficient manner since 1947. It is possible that in due time there will be a resumption of the previous type of arrangement.

DONALD SCHUMER, PHARMACY STUDENT WINS LEHN & FINK GOLD MEDAL AWARD

Donald A. Schumer, of Pikesville, Md., graduating senior at Howard University College of Pharmacy, Washington, D.C. has won the 1962 Lehn & Fink Gold Medal Award for outstanding scholastic ability and effective participation in professional activities during the four year course. He stood first in his class.

Mr. Schumer is the son of Mr. and Mrs. Jack Schumer of Penn-Dol Pharmacy, Baltimore.

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MR. PHARMACIST: YOU ARE CORDIALLY INVITED TO PARTI IN THIS PROGRAM. If you decide to share in the C. S. P. plan, you requested to do only what is practical to help yourself to enjoy its benefit will not be obligated in any way except to identify your store as a parti C. S. P. member.

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The Henry B. **GILPIN** *Company*

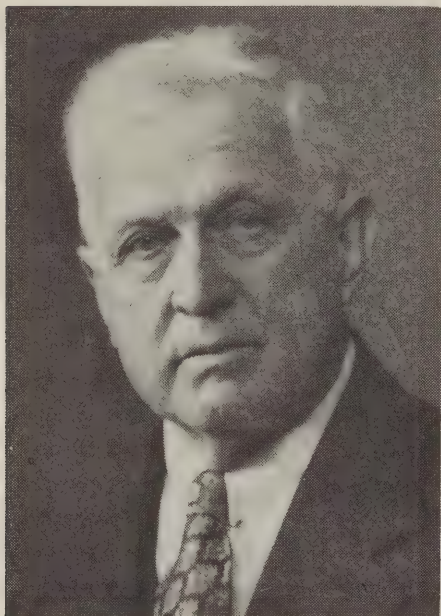
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In Memoriam



DR. H. A. B. DUNNING

Henry A. B. Dunning, one of the giants, not only of Maryland pharmacy but of the nation, died in Baltimore on July 26, 1962.

Dr. Dunning served as president of the Maryland Pharmaceutical Association in 1926, and was presented the first Honored Alumnus Award of the Alumni Association School of Pharmacy of the University of Maryland in 1950.

Dr. Dunning, Chairman of the Board of Hynson, Westcott and Dunning of Baltimore, was born in Denton, Maryland, on October 4, 1877 and graduated from the Maryland College of Pharmacy (now the University of Maryland) in 1897. He received his doctor of pharmacy degree in 1908 from the same institution.

After duty with the 4th U.S. Volunteers in Cuba during the Spanish American War, Dr. Dunning took post-graduate work at Johns Hopkins where he developed a number of original compounds and pharmaceutical products.

He became part owner of Hynson, Westcott & Co., in 1901, and under his capable management, the firm expanded its prescription service and entered into the manufacture of well developed specialties.

He was appointed captain of the first Life Saving Corps during World War I by President Wilson. The Army and Navy presented him "E" awards during World War II and he received their production star four times.

Dr. Dunning was president of the American Pharmaceutical Association in 1929-30. He was awarded the Remington Medal in 1926 and honorary degrees from a number of universities.

The new School of Pharmacy Building of the University of Maryland was dedicated in his honor in 1958 as "Dunning Hall." Upon his retirement, he was presented a special citation by the American Pharmaceutical Association. Dr. William S. Apple, Executive Director of the A.Ph.A. has stated that "the success of the A.Ph.A. Building Fund campaign for the American Institute of Pharmacy and the present A.Ph.A. Journal are both due in a very large part to Dr. Dunning's generosity and guidance."

His leadership resulted in the erection of the Kelly Memorial Building on the Baltimore campus of the University of Maryland. This unique building stands as a magnificent headquarters for pharmacy in the state of Maryland.

Dr. Dunning's devotion to education included outstanding support for the American Foundation for Pharmaceutical Education, the University of Maryland School of Pharmacy, Washington College and The Johns Hopkins University.

His first wife of five years, the former Beatrice Fitzgerald, died in 1906. He married the former Ethel Adams in 1908.

In addition to his wife, he is survived by three sons, Dr. Charles A. Dunning, Dr. J. H. F. Dunning and Dr. H. A. B.

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Dunning, Jr., all of Baltimore; a daughter, Mrs. H. Charles Kersten of Fort Lauderdale, Fla.

His inspiring leadership and dedication to every aspect of the profession will be sorely missed.

Dr. Dunning was tireless in his efforts in behalf of the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association. He could always be counted on in support of association and educational endeavors for pharmacy.

TRIBUTES TO DR. H. A. B. DUNNING ON THE OCCASION OF HIS 80TH BIRTHDAY

Dr. Robert L. Swain, former Editor "Drug Topics" and "Drug Trade News":

"Of all the men I know in pharmacy and the drug industry, Dr. Dunning occupies an eminence all his own. This is in recognition of his commanding personality, the record of his massive achievements, the significant impact of his influence throughout the whole pharmacy field, his rugged individualism and rigid sense of professional and personal integrity.

Dr. Dunning has played a leading part in every significant pharmaceutical undertaking over the last forty years or more. To all of these that challenged his interest, he has given generously of his time, his talents, and his financial resources. He has, fortunately, never been willing or able to sit on the side lines, while others stood the brunt of the midday sun.

His place in pharmacy is safe and secure. He will always be recognized as its benefactor, counsellor, champion and friend. No one in the profession has shown more devotion to its welfare, more zeal for its betterment, more righteous indignation at its detractors. Pharmacy has been his life, and he has given it the fullest measure of thought-

ful service within his splendid ability to render and provide."

W. Paul Briggs, Executive Director, American Foundation for Pharmaceutical Education:

"Dr. Dunning has earned an imposing array of testimonials to his services and his generosity. Memorials to our guest are to be found in the hearts and minds of men across the country, in college buildings, laboratories, Nursing Homes and hospitals from the nation's capital to the Eastern Shore of his native state. But we are persuaded to the belief that one of the most lasting of all testimonials to him will be the perpetual and productive gift to pharmaceutical education, now and hereafter, to be known as the American Foundation for Pharmaceutical Education, H. A. B. Dunning Memorial Fellowship. And this is a particularly appropriate memorial since Dr. Dunning, many years ago, established the first Fellowship in the United States for graduate study in a college of pharmacy."

Robert P. Fischelis, former Secretary, American Pharmaceutical Association:

"We are celebrating the 80th birthday of one of America's all-time great pharmacists. He has lived long enough and his achievements are sufficiently well known to all of us to warrant our placing Dr. Dunning in this permanent category. The archives of the American Pharmaceutical Association and the pharmaceutical, chemical and medical literature of our time supply the necessary evidence in printed form. Brick, bronze and stone in the form of the American Institute of Pharmacy and the War Memorial Flagstaff in Washington, D.C., the Kelly Memorial in Baltimore, and other structures associated with institutions of learning, religion and health, furnish permanent physical evidence of the extent and variety of Dr. Dunning's creative influence."

DR. H. A. B. DUNNING

An excerpt from the address by Dr. H. A. B. Dunning, upon receiving the Remington Medal in 1926:

"Pharmacy's service to humanity is not excelled by any other calling. I speak not only of the evident service so continually available to the public through our retail pharmacies, corner or otherwise, distributed throughout the country which offer shelter from rain and sun, resting places, free services, cleanly and wholesome surroundings, courteous attention and helpful advice, but also of the services of highly trained and technically educated intelligent men and women who dispense both drugs and chemicals and powerful remedial agents with the knowledge and intelligent care required to safeguard their patrons. Until the drugless era arrives, and that does not seem to be in immediate prospect, the lives of the people of the country can

be said to be in the hands of the pharmacists to a far greater degree than in those of any other class, profession or trade. If the public but realized that in every pharmacy there are constantly at hand, literally, hundreds of dangerous drugs, concerning which the pharmacist must have a full knowledge, and that he must be constantly on guard to insure the proper dispensing of the proper drugs, in the proper dosages and under the proper conditions so that the life and health of his patrons are safeguarded, greater recognition and appreciation will be accorded to pharmacy."

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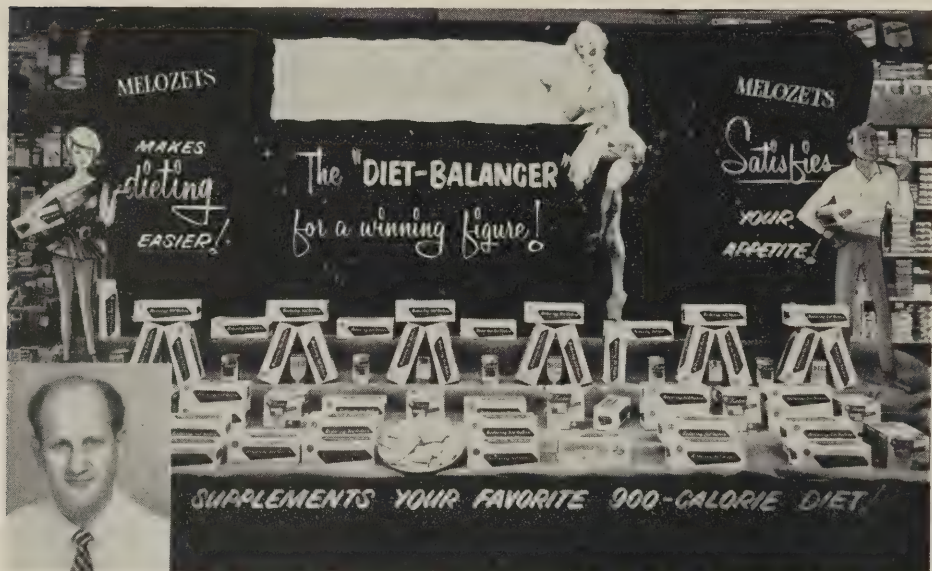
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MILTON A. FRIEDMAN WINS \$6,000 MELOZETS CONTEST

Prizes valued at approximately \$6,000.00 have been won by Milton A. Friedman, a Baltimore, Md., pharmacist, for his winning display, part of which is shown in this issue in the Melozets nationwide display contest promoted by the Quinton Company, Division of Merck & Co., Inc., Rahway, N.J.

Mr. Friedman's winning entry was selected from photographs of Melozets displays submitted by druggists and pharmacists across the country. His entry also included two window displays and several imaginative merchandising efforts. The contest was designed to help retailers increase the sale of all dietary products. It promoted a concept of easier weight loss through use of Melozets reducing aid wafers to "balance" 900-calorie diets.

The first prize included a deluxe European trip for two plus a Renault Dauphine automobile and \$2,000 cash. Fifty second prizes of Philco transistor radios were also awarded. Everyone who entered the contest received a set of eight highball glasses decorated with mortar and pestle symbol.

Mr. Friedman is owner and pharmacist of Harris Pharmacy, Lombard and Poppleton Sts., Baltimore. He is a member of the Executive Committee, Maryland Pharmaceutical Assn. and Chairman of the Pharmacy Week Committee and Member of the Baltimore Metropolitan Pharmaceutical Association. He is also active in Heart and Cancer Association, diabetic detection activities and other Baltimore civic affairs.

ACKNOWLEDGMENT

At the Convention of the Maryland Pharmaceutical Association, the Executive Committee commended Mr. Herman Bloom of Paramount Photo Service for

his indispensable assistance and services. Mr. Bloom has taken hundreds of photographs at various events of pharmaceutical associations, as well as arranging for projection equipment.



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Tell them you saw it in "The Maryland Pharmacist"

THE FOLLOWING ARE CHANGES IN DRUG STORE FOR THE MONTH AUGUST

NEW

Colonial Pharmacy, Joseph L. Combs, Jr., Prop., Talbot & Chestnut Streets, St. Michaels, Maryland.

Gem Drug Company, Robert Presler, Pres., 7930 Eastern Blvd., Baltimore 24, Maryland.

Eudowood Pharmacy, Inc., Robert Stofberg, Pres., 1281-87 Eudowood Shopping Plaza, Towson 4, Maryland.

City Pharmacy, Inc. of Elkton, David Newman, Pres., Singerly Road and Newark Avenue, Elkton, Maryland.

Change of Ownership

Kay's Pharmacy, LaMar Drug Co., Inc., Carroll P. Marinelli, Pres., 2444 E. Biddle Street, Baltimore 13, Maryland; formerly: Howard R. Schiff, Pres.

Medford Pharmacy, Arnold & Goldie Siegel, 5810 Eastern Avenue, Baltimore 24, Md.; formerly: Herbert B. Rudo, Prop.

Hanlon Drugs, Inc., Ernest Helgert, Pres., 2601 N. Hilton Street, Baltimore 16, Md., formerly: Joseph Freiman, Prop.

Pikesville Pharmacy, Inc., Noel J. Bosch, Pres., 1210 Reisterstown Rd., Pikesville 8, Md.; formerly: Eli & Shirley Fedder, Props.

FOREIGN TRADE NAMES OF THALIDOMIDE MADE AVAILABLE BY APHA TO SENATE COMMITTEE

The American Pharmaceutical Association has made available to the Senate Subcommittee on Reorganization and International Organizations a listing of trade names and manufacturers of thalidomide—containing drugs, and at the same time, focused attention on recent inaccurate reporting of drugs identified as containing the drug which has been discovered to cause phocomelia (malformation of unborn infants). The listing, introduced by Senator Hubert Humphrey at a hearing on August 1 is published in this issue.

In his opening statement, Senator Humphrey emphasized that his Subcommittee was "not repeating studies which have been made by the Senate and House Judiciary Subcommittees as regards pharmaceutical legislation," but that "we are studying scientific communications relating to new experimental drugs." Humphrey pointed out that he was not concerned with "drugs which have been approved by the FDA for prescription use by the medical profession. As a pharmacist, I know the great care and diligence with which the members of the pharmaceutical profession dispense drugs." FDA Commissioner George Larrick. NIH Director James A. Shannon and National Library of Medicine Director Frank Rogers were questioned about "Federal Agencies' management, coordination and communication of drug research information," during the hearing.

VARIOUS TRADE NAMES AND MANUFACTURERS OF THALIDO- MIDE CONTAINING DRUGS

Thalidomide is 3-phthalimido-2, 6-dioxypiperidine; or a-phthalimido-glutaramide; or N-phthalylglutamic acid imide.

Algosodiv—50 mg. combination with acetylsalicylic acid in tabs.; also 12.5 mg. combination with APC in suppositories.

(Chemie Grünenthal, West Germany)
Asmaval—12.5 mg. combination with ephedrine HCl in tabs.

(The Distillers Co., Ltd., Great Britain)

Contergan—25 mg. tabs.; syrup containing 50 mg./teaspoon; 100 mg. suppositories.

(Chemie Grünenthal, West Germany)
Contergan Forte—100 mg. tabs.

(Chemie Grünenthal, West Germany)
Distaval—25 mg. tabs.

(The Distillers Co., Ltd., Great Britain)

Distaval Forte—100 mg. tabs.

(The Distillers Co., Ltd., Great Britain)

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Grippex—12.5 mg. combination with quinine, ascorbic acid, phenactin and Salicylamide capsules.

(Chemie Grünenthal, West Germany)

Kevadon—100 mg. tabs.

(Merrell, Canada)

Neurosedyn—25 mg. and 100 mg. tabs.

(Astra, Sweden)

Peracon-Expectorans—40 mg. combination with ipecac dragees; also liquid

(Kali-Chemie AG, West Germany)

Softenon—25 mg. tabs.

(Chemie Grünenthal, West Germany)

Softenon Forte—100 mg. tabs.

(Chemie Grünenthal, West Germany)

Talimol—100 mg. tabs.

(Horner, Canada)

Tensival—12.5 mg. combination with hydrachlorothiazide tabs.

(The Distillers Co., Ltd., Great Britain)

Valgis—50 mg. combination with acetylsalicylic acid and phenacetin tabs.

(The Distillers Co., Ltd., Great Britain)

Valgraine—12.5 mg. combination with ergotamine tartrate tabs.

(The Distillers Co., Ltd., Great Britain)

Several other drugs have been erroneously identified as containing thalidomide. These include:

Glutethimide NF—Doriden (Ciba)

Chlorthalidone—Hygroton (Geigy)

Bemegride—Megimide (Abbott)

It is important to note that *none of these latter compounds contain thalidomide*—only their chemical structure is related. They have been on the market for some time, and glutethimide, for example according to Taussig (JAMA, 180: 1106, June 30, 1962) has been used since 1955 without any indication of phocomelia (malformation of the fetus).

ASPIRIN CITED AS DRUG OF CHOICE IN TREATING ARTHRITIS

Aspirin should be regarded as the "first line of anti-rheumatic defense" in treating arthritis, according to Dr. Currie McEwen, department of medicine and the Rheumatic Diseases Study Group of New York University Medical Center.

Writing in *Archives of Environmental Health* (4:519, 1962), he calls the corticosteroids very valuable in rheumatoid arthritis, but "potentially dangerous". Aspirin is the drug of choice in controlling the condition, he says, recommending a dosage schedule of three standard aspirin tablets from three to five times daily. If aspirin alone proves inadequate in some patients, very small doses of a steroid drug can be given to "augment the effect" of aspirin.

"Fortunately, it usually is possible to give the patient reasonable freedom from pain and reasonable functional capacity with doses of 2.5 mg. to 5 mg. of prednisone, morning and night, provided this is used to augment the anti-inflammatory effect of full doses of acetylsalicylic acid (aspirin)."

Dr. McEwen says that Plaquenil, Aralen and gold salts are "drugs which may effect the basic mechanism" of rheumatoid arthritis. All three agents must be administered longer than the anti-inflammatory agents before benefits are apparent, he states.

John R. Thomas, a registered pharmacist in Maryland, has joined Eli Lilly and Company's sales force in Baltimore. The announcement is made by Milton L. Meisner, manager of the pharmaceutical firm's Washington District.

Born in Baltimore, Thomas was graduated from Patterson Park High School there in 1951. In 1959 he received a Bachelor of Science degree in pharmacy from the University of Maryland.

Thomas was employed as a pharmacist by McGinity's Pharmacy in Baltimore prior to joining Lilly.

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MARKS

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REGISTRATION FAVORED FOR ALL DRUG FIRMS

A pharmaceutical industry spokesman went beyond pending legislative proposals for regulating the drug industry and called for registration of every U.S. drug manufacturer and of foreign producers supplying the U.S. market. He included in his proposal mandatory factory inspection of every registered establishment at least once every two years.

The Food, Drug and Cosmetic Act does not now require such registration and inspection.

John T. Connor, president of Merck & Co., Inc., Rahway, N. J., made the proposal in testifying before the House Interstate and Foreign Commerce Committee on H. R. 11581, a bill to extend regulatory powers of the Food and Drug Administration. Mr. Connor was one of a group of witnesses who testified on behalf of the Pharmaceutical Manufacturers Association.

Mr. Connor supported provisions of the bill that would enforce high manufacturing standards throughout the industry and would broaden factory inspection powers of FDA, but he urged ending the government's batch-by-batch certification of antibiotics as a wasteful and outmoded requirement.

Registration of every establishment in the United States producing or processing drugs would facilitate action against substandard or illegal operations, Mr. Connor declared. "A provision such as this would bring into the open every individual or organization that embarks on the serious and responsible task of making drugs for the people of this country," he said. "Knowing who they are and where they are, the Food and Drug Administration could inspect and take any appropriate action needed to clean up or close down illegal operations—by criminal action, injunction, or product seizure."

In calling for an end to batch certification now required for five specified

antibiotics, Mr. Connor said this procedure was initiated as a temporary precaution during World War II with the urgent need to produce penicillin, "a wholly new drug material," despite the absence at that time of uniform methods, tests, and controls. The five antibiotics are penicillin, streptomycin, aureomycin, chloramphenicol, and bacitracin. Antibiotics today, including more than 20 that are not batch-certified, are produced with as high an assurance of uniformity and quality as other much more complex drugs, the Merck president said. Outmoded individual testing, he continued, is wasteful of scarce manpower, and the public safety can be well protected under existing and proposed FDA authority without duplicate testing by manufacturer and government.

In supporting the enforcement of high manufacturing standards and broadened factory inspection powers for FDA, Mr. Connor suggested detailed changes in some specific provisions of the legislation.

Clarence L. Anstine a registered pharmacist in Maryland, has joined Eli Lilly as a salesman in Winchester, Virginia. The announcement is made by Milton L. Meisner, manager of the pharmaceutical firm's Washington District.

Born in Baltimore, Anstine was graduated from Baltimore City College High School in 1964. In 1958 he received a Bachelor of Science degree in pharmacy from the University of Maryland.

Prior to joining Lilly, Anstine served in the United States Navy as an air intelligence officer at the Norfolk Naval Air Station. He is a member of the American Pharmaceutical Association and Phi Delta Chi, professional pharmacy fraternity.

SIMON SOLOMON

Pharmacy Economics Seminar

November 1, 1962

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for your Fountain and Take-Home Customers!



WHOSE FAULT IS IT WHEN AN EMPLOYEE STEALS? NATIONAL SECURITY FIRM POINTS FINGER AT THE BOSS

Whose fault is it when an employee begins to steal from his employer?

Largely it's the employer's, according to a nationwide business-security and research organization.

"Theft is caused by two major factors, need and opportunity," statisticians of the Dale System, Inc., said. "Because the need is always there for some, it comes down to opportunity. Provide the opportunity and some employees will always steal."

Employers have "a moral obligation" to protect their employees from their own weaknesses and themselves from

embezzlement of merchandise or money, the researchers said.

"The employee who has never stolen and never considered that he would steal at first sees nothing wrong with helping himself to his company's products—or tools. As he gets away with it and sees co-workers take even more, he gets bolder.

"A leading discount house in Connecticut, alarmed by increasing inventory depreciation, recently traced the bulk of the shortages to an old and trusted employee. Confronted in his home, the employee led the way to his basement and a small mountain of merchandise that he had accumulated over a period of time. He had never attempted to resell it. Asked why he had



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taken it, he replied, 'It was just so easy.'

"A management that does not take the proper safeguards against employee theft and does not advertise this watchfulness to its employees must consider itself an accessory when workers inevitably succumb to temptation," the Dale spokesmen said.

NEW RECORDS FOR PRESCRIPTION DRUG INDUSTRY

The prescription drug industry set new records last year in both research expenditures and sales volume it was reported by Austin Smith, M.D., President of the Pharmaceutical Manufacturers Association. Dr. Smith's report was based on a recently-completed survey of PMA member companies which produce about 95 percent of the nation's prescribed medicines.

A record \$245.3 million, eight percent of sales, was spent on research and development in 1961. The figure represents a 13 percent increase over the previous year and five times as much as was spent in 1951. Reported net investment in research and development facilities and equipment reached \$131 million, 250 percent more than the like 1951 figure, and capital investment in such facilities during the year rose \$25 million. The drug firms' investment in research is about triple that of the average industry, Dr. Smith said.

Research scientists and supporting staff employees during 1961 numbered 13,500, nine percent over 1960 and 18 percent more than in 1959. The industry continues to lead all others in the number of scientists retained in ratio to other employees. Nearly 500 research scientists were added to the staffs of the largest 23 companies between 1959 and 1961, 60 percent of them doctors of medicine, science, philosophy, dental surgery or veterinary medicine.

While research spending and scientist employment jumped 13 percent over 1960 respectively, sales of prescribed

drugs climbed five percent worldwide to \$2.9 billion. The drug industry's contribution toward achieving a favorable balance of trade is illustrated by its increase in foreign sales in 1961 to \$645.5 million, 12 percent over PMA's record 1960 figure.

The association's 141 members were also asked to state their tax payments. They reported paying more than \$360 million in 1961, 76 percent in federal income taxes, the rest in other direct U.S. taxes and in foreign income taxes.

In discussing prospects for the current year, Dr. Smith predicted continued progress for the industry.

"Research budgets and estimates call for spending \$268 million in 1962," the PMA president said.

"In the area of scientific employment, at least 600 additional research scientists are needed this year, increasing the industry's research manpower by eight percent. The demand is greatest among smaller firms, whose requirements typically call for expanding their scientific staffs more than 20 percent.

"The introduction of new and improved products which this research is expected to produce should in turn lead to increased demand and higher sales for U.S. prescription drugs both in this country and abroad."

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Nathan I. Gruz, Editor
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REVIEW OF DRUGS 1941-1961

Detailed information on 544 new single chemical entities, introduced in the past two decades and on the United States market today, is contained in *Review of Drugs, 1941-1961*. The 50-page compendium, the first of its kind anywhere, was released June 29 by the Pharmaceutical Manufacturers Association of Washington, D.C.

The 544 drugs are listed in 35 therapeutic classifications, and more than 70 American firms are specifically identified as originators or more than 60 per cent of the drugs. U.S. firms additionally developed and marketed about 95 per cent of the total.

Information given for each entry reveals to a large extent the depth and scope of research and development work preceding introduction of new pharmaceutical products. In addition to introducer's trademark and generic name, the *Review of Drugs* names the origina-

tor and date of origination where known, the developer and date marketed, patent number or information on patent status where available.

The tabulation resulted from a study initially undertaken by a special committee of PMA's Research and Development Section. It was later substantially expanded and reviewed by Paul de Haen, drug industry consultant. Information was obtained or verified from official government and trade listings, records of manufacturers, medical and trade publications, previous de Haen studies, individual inquiries and a variety of other sources.

Of the 544 single chemical entity drugs, U.S. patents have been issued for 340, and patents are pending on 43. Ten European patents are listed. The United States is listed as point of origination for 339 of the drugs, 314 by individual companies and 25 by governmental and institutional groups. Other major countries or origination are

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Switzerland, 45; Germany, 30; United Kingdom, 21; and France, 16. Five or more drugs each are also listed for Mexico, Sweden, Denmark, The Netherlands and Belgium.

Specific areas of pharmaceutical research progress are pinpointed by an analysis of the *Review of Drugs* product classes. The largest category, anti-infectives, contains 100 new drugs listed in 10 therapeutic divisions. Other major categories are hormones, 52 entries; cardiovascular preparations, 49 entries; and gastro-intestinal preparations, 43 entries.

Conversely, areas where scientists have made lesser advances in the conquest of disease are indicated. Only five new drugs are listed for cough and cold preparations and nasal decongestants, and only 11 are listed for cancer chemotherapy.

The *Review of Drugs* does not attempt to detail the merits of each drug nor assess its impact on the nation's health. Some estimate of the value of these 544 new drugs in the hands of American physicians today is indicated, however, by the fact that the therapeutic classifications cover virtually every area of human suffering.

NEW FDA REGULATIONS FOR DIETARY FOODS

A major overhaul of the Nation's special dietary food regulations was called for by the Food and Drug Administration. The proposals aimed at changing these regulations were published in the Federal Register. Interested persons were invited to submit comments in writing.

The regulations would cover vitamin, mineral and other dietary supplements, baby foods, foods for the elderly, low sodium foods, low calorie and artificially sweetened foods, protein supplements, hypoallergenic foods, foods for use in dietary management of disease, and all other foods represented as having special dietary properties.

FDA Commissioner George P. Larrick said that we have added greatly to our knowledge of nutrition since the original regulations of 1941 were promulgated, and that great changes have taken place in the production and marketing of dietary foods. He said these developments call for a major overhaul of the regulations. The objective of the regulations is to assure the public that special dietary foods are offered for what they actually are, with complete information to facilitate intelligent purchasing and use.

Mr. Larrick said:

"The average purchaser of vitamin-mineral supplements is not well informed about his needs for supplementing his usual diet with these nutritional factors. He can easily be led to believe that his diet is likely to be inadequate in one or several of these nutrients, and that a great many conditions of ill health may result from his possibly inadequate diet. He has been encouraged to select supplements containing many times the daily requirement of most, if not all, of the nutrients. And he has been led to choose the product with the greatest number of ingredients in the belief that each ingredient makes a significant addition to his customary diet.

"The proposed regulations," Mr. Larrick said, "are designed to provide the consumer with complete and reliable labeling information which will enable him to select and purchase special dietary foods of all kinds. This will help to eliminate false and misleading claims."

Following is a summary of the principal changes which would be made by the proposed regulations.

Food Supplements: Vitamins and Minerals

Consumers of vitamin-mineral food supplements today encounter a great variety of tablets, capsules, powders, etc., containing as high as 50 to 75



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ingredients, of which only a few have been shown to be of any value whatever as food supplements. It is virtually impossible for the consumer to make a rational choice based on the relative merits of these "shotgun" formulas.

The proposed regulations permit label claims of special dietary value only for those nutrients that are generally recognized as essential in human nutrition and that, in the amounts provided, are likely to be of value in supplementing the American diet.

If a nutrient is subject to deterioration the new regulations would require an expiration date to be determined by the manufacturer.

Foods Offered As Vitamin and Mineral Sources

Under the present regulations foods represented as sources of any of six specified vitamins and four minerals known to be needed in human nutrition must be labeled to show the proportion of the "minimum daily requirement" that is present.

The term "minimum daily requirement" has been frequently misunderstood by consumers, and has encouraged some manufacturers to add needlessly large amounts of some vitamins and minerals. In the proposed regulations the term "daily requirement" is used in place of "minimum daily requirement."

Foods For Use in Reducing or Weight Control Diets

Such foods would be required to state the number of calories in a one-day supply or in one unit if the food is in wafers, tablets, capsules, etc. The amount in grams, of protein, fat and carbohydrates consumed in a one-day supply would also be stated.

Foods for reducing would be required to bear this prominent label declaration: "Useful only when used as a part of a calorie-controlled diet."

To be described as "non-fattening" a food could contain not more than 5

calories in a serving or 10 calories in a one-day supply.

To be described as "low calorie" a food could contain not more than 15 calories in a serving or 30 calories in a one-day supply.

To be described as "lower in calories" the label would be required to state the name and caloric content of the food with which it is compared.

Artificially sweetened foods would be required to show the calories saved as compared with the same food with natural sweetening. If the comparison itself shows that the caloric change is insignificant, artificial sweetening should not be used.

Protein Sources

Protein consumption in the United States is over 100 grams per person daily whereas the average adult needs only about 30 grams daily of the proteins supplied by the ordinary diet.

The proposed regulations would require foods offered as sources of protein to be labeled in terms of their protein quality and quantity. Specifications that entitle a food to be described as "excellent" or "good" dietary sources of protein, are proposed. Foods which do not meet these specifications could not bear protein claims.

Low Sodium Foods; Infant Formulas; Hypoallergenic Foods, etc.

Only minor changes are proposed in the existing regulations on labeling of these products.

Medically insignificant amounts of sodium would not be required to be shown on the label of low sodium food items.

Infant foods that simulate human milk would be required to supply a specified amount of Vitamin B⁶, or be labeled to show that additional Vitamin B⁶ should be provided from other sources. Lack of Vitamin B⁶ has been shown to cause convulsions in babies.

No change has been proposed in labeling hypoallergenic foods.

A Thought For The Day

You can't control the length of your life, but
you can control its width and depth.
You can't control the contour of your countenance, but
you can control its expression
You can't control the other fellow's opportunities, but
you can grasp your own.
You can't control the weather, but
you can control the atmosphere which surrounds you
You can't control hard times or rainy days, but
you can work now to boost you through both.
So, why worry about things you can't control?
Get busy controlling things that depend on you!

—Author unknown

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The firms and others listed below have contributed cash and merchandise to the 80th Annual Convention of the Maryland Pharmaceutical Association held at the Galen Hall, Wernersville, Pennsylvania, June 25, 26, 27, 28 1962. The cash contributions were used to provide the entertainment features of the Convention, and the merchandise was distributed as prizes at the meetings and various functions of the Convention. Both played an important role in the outstanding success of the Convention. It is with grateful appreciation the Association acknowledges their generous contributions.

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A NEW START

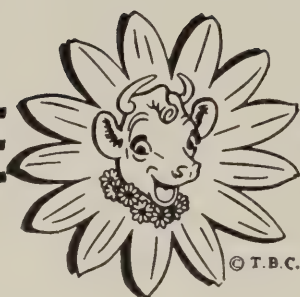
I will start anew this morning with a
 higher, fairer creed;
 I will cease to stand complaining of my
 ruthless neighbor's greed;
 I will cease to set repining while my
 duty's call is clear;
 I will waste no moment whining, and
 my heart shall know no fear,
 I will look sometimes about me for the
 things that merit praise;
 I will search for hidden beauties that
 elude the grumbler's gaze,
 I will try to find contentment in the
 paths that I must tread;
 I will cease to have resentment when
 another moves ahead,
 I will not be swayed by envy when my
 rival's strength is shown;
 I will not deny his merit, but I'll strive
 to prove my own;
 I will try to see the beauty spread
 before me, rain or shine;
 I will cease to see your duty, and be
 more concerned with mine.

—Author Unknown

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OCTOBER 18, 1962

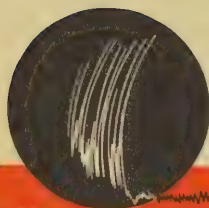


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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XXXVII

SEPTEMBER, 1962

No. 12

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... Editorial ...

I—PROFESSION

Some pharmacists who pride themselves as being "practical" or "realistic" disparage the thinking and efforts of pharmacists who attempt to emphasize pharmacy as a profession. But which pharmacists generally have a stronger economic foundation in times of competitive stress . . . those who have succeeded in creating a pharmacy with a professional image or those who have ended up with a circus type of hodge-podge catering to bargain seekers?

It seems that pure self-interest alone would indicate that identifying one's establishment as a health center will serve in the end to better assure a pharmacist of economic survival. By carefully selecting the classes of unrelated merchandise to be handled so that the pharmaceutical aspect of a pharmacy is not overwhelmed, the pharmacist clearly indicates by ACTIONS, not words, that he is interested FIRST in pharmacy. His patrons will understand that non-health items are a subordinate part of the pharmacy carried for the convenience of the community being served.

In the conduct of the prescription and drug department of a community pharmacy, which in many instances must carry non-health goods, patrons quickly determine by the attitude of the pharmacists what he is primarily interested in. The layout of a pharmacy, the displays, the windows and signs, the cleanliness and orderliness, the appearance and manner of the pharmacist . . . all are visible proofs of whether the pharmacist considers his pharmaceutical functions as demanding first priority.

A friendly pharmacist who renders personalized service and an uncluttered pharmacy with a professionally oriented appearance will attract and keep loyal patrons.

II—PRICE

There have always been establishments whose only appeal has been price. They have been known as bargain stores, cut raters or discounters. These "operators" have always been with us under various labels. They are like recurrent infections that return from time to time to plague us.

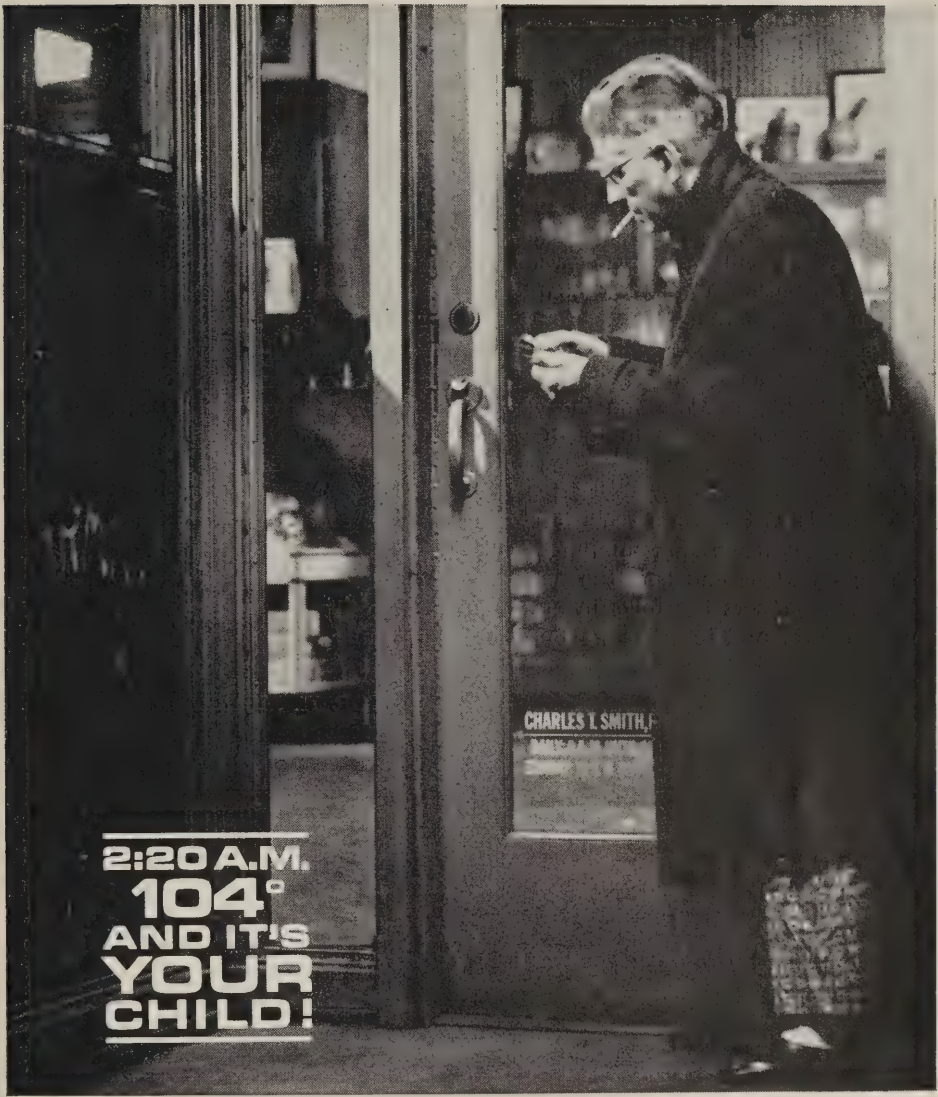
Those pharmacists who have built a reputation of professional service and integrity recognized by both the public and the health professions have withstood these virulent epidemics before. Their pharmacies are citadels of pharmaceutical self-respect that may eventually end up as the predominant type of establishment offering opportunity for the free practice of pharmacy as a profession.

In contrast, those pharmacists who participate in schemes that degrade pharmacy, either by the manner in which they conduct their own pharmacies or by selling their licenses to the highest bidder, contribute to bringing about a state of affairs where a pharmacist's only opportunity will be to become a serial number. Yes, a mere number with an anonymous face . . . a cog in a machine . . . not a warm human being who is a part of a community.

Pharmacy is what pharmacists make of it.

The practitioner has a moral duty and a legal compulsion to learn all he reasonably can about a drug before prescribing it. He should demand that the detail man provide complete information about all known and potential toxic effects of his product. If unexpected symptoms occur he should stop the drug at once and consult the medical literature, an internist, a pharmacologist, or even the manufacturer.

—*Journal of the Medical Association of Georgia*, January, 1962.



**2:20 A.M.
104°
AND IT'S
YOUR
CHILD!**

The doctor gave his prescription, and just like any other parent...you rushed to have it filled. The big difference is—you are also the pharmacist...and you may have a choice in the brand of drug!

Of course, this is when the "just-as-good" drug could *never* be good enough...when, automatically, you reach for an established brand. What

you know about the manufacturer's reputation...quality control above the "legal minimums"...experience and research...helps you make this decision.

These are the "extras" that go into a brand-name product and the reason why many pharmacists and physicians select a Lederle product over the generic...for their families and their patients.

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PRESIDENT'S MESSAGE

Dear Fellow Members:

Since our last message, things have happened in the competitive situation. No happy subjects to talk about but nothing that is going to spell doom if we all get together, keep our heads and, above all else, keep thinking.

The legislative committee is meeting almost around the clock to prepare a program that will make you proud of their efforts. Again remember this is YOUR association and any thoughts or ideas you have to offer, please contact the Chairman, Jerome Mask at Gray Manor Pharmacy.

Recently appointed is a special committee on Political Information. With Bob Welsh as chairman and John Crozier as co-chairman, this committee will endeavor to place before you the views and reviews of the candidates for public office. They will also be in touch with you to find out specifically who is the personal pharmacist of legislators already in public office. Just think of the possibilities for pharmacy legislation in the interest of public health. The corner pharmacy is at the grass roots level—the greatest sounding board you can find.

Again let me keep reminding you . . . IT IS YOUR ASSOCIATION. Support its functions and lend the help it may need for success and we will all be successful. Support the folks in our industry who are supporting you with their honest efforts and together we must be successful.

Sincerely,
VICTOR H. MORGENROTH, JR.
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Secretary's Script...

A Message from the Executive Secretary

The recent N.A.R.D. Convention was attended by a large group from Maryland. It seems that interest in supporting organized efforts by pharmaceutical associations has become intensified. It was gratifying to see many pharmacists attending a national convention for the first time.

The program details of the convention were reported fully in the N.A.R.D. Journal so I will mention just a few topics considered by the National Conference of State Pharmaceutical Association Secretaries: Quality Stabilization, Advertising Program, Veterans Administration Contracts, Association problems, advertising in state journals and state legislative problems.

At the convention I would say the announcement of most far-reaching

significance was when N.A.R.D. Secretary Willard Simmons stated that representatives of the N.A.R.D. and American Pharmaceutical Association would resume joint meetings.

I cannot emphasize too strongly that the first step in progress for pharmacy is:

A UNITED FRONT FOR PHARMACY

We are brother pharmacists—let's roll up our sleeves, forget organizational glories. Let's meet together, plan together, fight together and progress together against all enemies of an effective profession of pharmacy.

Sincerely,

Walter J. Gray
Executive Secretary

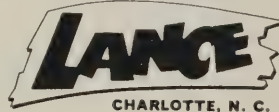


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they cleaned us out again"



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— NOTICE —

To the Candidates for Examination:

The Maryland Board of Pharmacy will conduct examinations for registration as pharmacists at the School of Pharmacy, University of Maryland, Baltimore.

These examinations will begin on Monday, November 12 and continue through Wednesday, November 14, 1962.

Please come to the office of the Board of Pharmacy, 301 West Preston Street, Baltimore 1, Maryland, room 408, to fill out and file your application for this examination.

Please bring with you a recent photograph of yourself, 3x3 inches. This photograph must be certified by the dean or some other official of the school of Pharmacy.

F. S. Balassone, Secretary
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DRUG STORE CHANGES

The following are changes in drug stores for September:

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Liberty Court Pharmacy, Inc., Robert Stoffberg, Pres., 8642-46 Liberty Road, Randallstown, Md.

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School of Pharmacy, University of Maryland, News

The Department of Physiology of the University of Maryland School of Pharmacy has received a three-year grant totaling \$40,067 from the National Institute of Arthritis and Metabolic Diseases of the National Institutes of Health to support an investigation of "The Effects in Vitro of Parathyroid Hormone on Enzymes."

Dr. Leslie C. Costello, head of the pharmacy school's department of physiology, will be the principal investigator and Dr. Thomas B. Connor, associate professor and head of the division of endocrinology and metabolism of the university's School of Medicine, will collaborate in the program as co-investigator.

The hormone under study is secreted by the parathyroid glands, located in

the neck to the thyroid gland. The precise action of the parathyroid glands is not known, but their regulation of the relative amounts of calcium and phosphate in the tissues and fluids of the body has been demonstrated.

The purpose of this study is to find out, by laboratory experiments, how parathyroid hormone changes the chemistry of enzymatic processes involved in the metabolism of these ions and their transport from tissues to fluids.

Special emphasis will be placed on enzyme systems associated with bone, kidney, and intestine, which are known to be particularly affected by parathyroid activity. From these studies, the investigators hope to pinpoint hormone-enzyme relationships which could account for the action of the parathyroid glands.

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. CONTRIBUTIONS .

ABSORPTION OINTMENT BASES

By B. F. Allen*

Absorption ointment bases have been a topic of much pharmaceutical interest for many years. Extensive work has been done to perfect these products and many combinations are available on the market.

The composition of these bases may consist of any one or more of the following: wool fat, free or combined cholesterol, wool fat derivatives, wool fat isolates, higher fatty alcohols, surface-active agents, hydrocarbons^a, and many other possible materials.

These preparations are designed to be of special use in suspending or emulsifying large amounts of aqueous liquids. This is accomplished by the process of absorption which involves a penetration of one substance into another so that a molecular intermingling results^b. As an example, cholesterol and its esters give to wool fat its capacity to absorb water forming a water-in-oil emulsion.

The word "absorption" refers to the water-absorbing or emulsifying properties of these bases and not necessarily to their action when applied to the skin. However, cosmetologists sometimes use absorption in a different vein, referring to the absorption of the base itself. Pharmaceutically speaking, this is not generally inferred although absorption of ointment bases has been demonstrated.

Absorption ointment bases are used for topical application in the treatment of different skin conditions. Dermatologists have reported that many persons are allergic to wool fat, therefore, it

is not an ingredient in many of the commercial products. This eliminates from these preparations the undesirable odor and stickiness generally attributed to the ordinary type of wool fat. Also, the wool fat-free bases produce more elegant ointments and of somewhat firmer consistency.

The undesirable properties of greasy-type ointment bases have been enumerated on many occasions. A number of formulas have been proposed utilizing non-ionic surfactants to increase the water number of water absorption of the base. These bases will readily absorb several times their own weight of water without loss of ointment consistency. By substantially increasing the concentration of surfactant, they then become washable absorption bases.

Many absorption bases are custom-made for the cosmetic and pharmaceutical industry. Prior to their appearance, various fats and greases were used in the formulation of creams and lotions. This usually produced a heavy and unappealing product. Now, the modern type of absorption base enables the formulator to produce a cream which is smooth, easily applied, and most important, appealing to the eye.

The anhydrous bases are hydrophilic. Some are designed to be very absorptive, while others are made to be primarily nonaqueous. These bases may be washable or nonwashable. Those able to take up large amounts of water are called absorption bases. The washable types consist largely of water-soluble or water miscible mixtures. The non-washable bases are composed mainly of petrolatum and a water-in-oil type of dispersing agent. These are absorptive and oilier than the washable bases. The new anhydrous bases are also more pleasant to use than the older, greasy, foul-smelling vehicles.

Examples of some common absorbent ointment bases consisting of oleaginous

* Associate Professor of Pharmacy, University of Maryland

^a such as petrolatum, appear to be essential

^b several theories have been propounded for this phenomenon



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substances with emulsifying agents and without water are U.S.P. Hydrophilic Petrolatum, Aquaphor (Duke), Polysorb (Fougera), and Qualatum (Almay). These take up water and become water-in-oil preparations, providing an internal aqueous phase and a continuous oil phase in contact with the skin, thus affording a protective oil film. It is stated that these vehicles take up from 30 to 40 per cent of their weight in water. However, it is also reported that they are sometimes too greasy and "heating" for some individuals^d.

Absorption bases generally have a high index of compatibility toward the majority of medicaments used topically. Many of these bases are unaffected by most acids, alkalies, electrolytes, and oxidizing agents. Also, the possibility of developing rancidity, color or odor is practically nil.

However, as a result of the rapid development of the newer type bases in recent years, the stability status is sometimes altered by additives. As an example, one manufacturer of a commercial base indicates their product is unique and has unusual stability since it contains neither fatty acids nor fatty acid esters and is also non-ionic in character. Also, it should be noted that prescriptions cannot always be easily compounded with these commercial bases. As a practical illustration, a recently prescribed combination of one of the aforementioned commercial preparations with a hormone tablet resulted in an effervescent reaction.

The lack of data on effective emollients for the skin is due to the complex nature of emollience and the more difficult problem of developing realistic test methods for such evaluation. However, the modern anhydrous absorption base which is non-tacky, has been used

for this purpose either alone or as an important constituent in more complicated dermatological combinations.

Some of the absorption ointment bases can be diluted with water and converted into water-in-oil lotions. This can be readily accomplished with proper pharmaceutical technique and manipulations, provided the original base is fortified with a suitable surfactant or auxiliary emulsifiers. The resultant preparations are usually light-bodied, not readily washable, spread easily, and combine with most types of dermatological agents.

Lotions of this kind produce a feeling of oiliness on the skin and are able to absorb large quantities of aqueous or fatty matter. They are useful where a substantial proportion of oily emollient is desirable. If cholesterol is combined with this type of vehicle, increased dermal penetration is usually obtained. They exert a greater protective action, but are less comfortable than the oil-in-water formulations.

The early use of wool fat and lard and their property to absorb or emulsify considerable amounts of water led indirectly, to the investigation of hydrophilic or water numbers for other substances^e as well as absorption bases.

The water number has been defined as the largest amount of water (Gm.) which 100 Gm. of an ointment base or fat will hold at normal temperature (20°C.). Some of these numbers have been reported as follows: white petrolatum 9.5; petrolatum 9 to 15; wool fat 185; hydrophilic petrolatum 160 to 312.

The tremendous water-holding ability of some substances is illustrated in the following: 90 Gm. of petrolatum when mixed with 10 ml. of sorbitan sesquileate can hold 1660 ml. of water. This combination forms a creamy w/o emulsion upon heating and proper mixing. It is said to be especially popular for creamy lotion hairdressings.

^e the incorporation of water in hydrophilic petrolatum yields a semisolid emulsion.

^d water-containing ointment bases of the washable type allow heat in inflamed areas to be more easily dissipated.

^e Examples: stearyl alcohol and glyceryl monostearate

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The above example also shows the importance of the manner in which the water absorption properties of the bases are determined. As indicated, sometimes the resultant mixture is a lotion and not ointment-like consistency.

The composition of many commercial absorption bases is generally considered to be a trade secret. However, some limited information is available concerning the constituents which make up these products. As examples, the following bases are available to the pharmacist and the pharmaceutical and allied industries^f with their approximate content of ingredients as indicated: **Alcolan**—1.5 to 2 per cent cholesterol, 10 to 11 per cent lanolin fractions, mineral hydrocarbons; **Amerchol CAB**—cholesterol, sterols, related higher alcohols; **Aquaphor**—6 per cent esters and alcohols from wool fat, 94 per cent petrolatum; **Falba**—high concentration of oxycholesterins derived from lanolin; **Morningstar Standard**—higher fatty alcohols, lanolin, petrolatum; **Polysorb**—sorbitan sesquioleate, wax, petrolatum; **ProteginX**—cholesterols extracted from lanolin; **Sorbotex 100-C**—cholesterol and related sterols in hydrocarbon base.

A practicing pharmacist can easily formulate his own absorption base from commonly available materials. As an example, a combination of 3 per cent cholesterol, 3 per cent cottonseed oil, and 94 per cent petrolatum produces such a base. It differs from most products in that it contains a vegetable oil. This ties in very nicely with the new ideas and modern concepts regarding the value of polyunsaturated vegetable oils in topical applications. However, when medicinal substances of various consistencies are incorporated in this base, some wax-like material (white

beeswax, paraffin or stearyl alcohol) may be required to increase the firmness of the preparation.

Many hydrophilic petrolatum mixtures have been prepared with wool fat instead of cholesterol. Therefore, if wool fat is not objectionable because of allergy, etc., it may also be incorporated into this formula.

"OUR COMMON GOALS"*

by George P. Larrick

Commissioner of Food and Drugs
U.S. Department of Health, Education
and Welfare

For a number of years many groups, including all branches of pharmacy, have worked with the Food and Drug Administration to assure that the pharmaceuticals used by this nation's consumers have been of high quality and that high standards of professional competence are maintained in producing these important products. Since our common goal is consumer protection—yours being a professional service function and ours a regulatory function—it is appropriate for us to discuss some of the areas in the drug field in which the consumer is not receiving adequate protection.

As you know the Council on Drugs of the American Medical Association evaluates many of the new drugs coming on the market and lists them in the AMA's publication "New and Non-Official Drugs." Over 20% of the drugs evaluated and added to the publication since 1956 had one or more proposed uses that the Council did not endorse, based on the evidence before it. For example:

NEW AND NON-OFFICIAL DRUGS for 1959 states with respect to Protamine Sulfate for use in treating hemorrhagic diseases, "some patients in this diagnostic category have shown decided improvement after the administration of Protamine, but there is insufficient evidence at present to prove conclusively that the cessation of hemorrhage in

^f often used instead of or in part replacement of wool fat in order to avoid odor and color characteristic of the latter which sometimes develops in cosmetics, etc., during storage.

PRINCIPLE

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these conditions can be attributed to the action of the drug."

Under Orphenadrine Hydrochloride, the same issue of **NEW AND NON-OFFICIAL DRUGS** has the following comment with respect to use of this product in a variety of clinical conditions in which pain due to skeletal muscle spasm is present: "Although such use might be considered a logical clinical application of the drug's pharmacological action, the evidence available to date is not adequate to permit a sound conclusion as to the ultimate effectiveness of such therapy."

These comments are an indication of the type of reservations expressed by knowledgeable scientists regarding some of the therapeutic claims proposed for a variety of new drug products promoted during the past few years.

The Federal law forbids the interstate shipment of a drug for which claims are made that exceed its therapeutic capability. However, we must wait until after an improperly labeled product is on the market, and until we can develop evidence showing the falsity of the label claims before we can move against such an illegal product. This may take months or years during which the health of users may be jeopardized. Surely it would be in the consumer interest to require, before a new drug may be shipped, that the manufacturer establish the truthfulness of the claims he proposes to make for it.

Almost 9 months ago a drug firm informed us that one of its products was implicated in 54 cases of hepatitis and jaundice, including 15 deaths, about which we had no prior knowledge. This drug, a skeletal muscle relaxant, had been on the market since early 1956. We later learned the firm had accumulated reports of jaundice and deaths associated with the drug's use for a period of over 5 years before it reported them to us. After studying the case reports and consulting a number of

medical authorities, we decided the product should be removed from the market. The firm was asked to recall the drug, which it did, and we suspended the product's new drug application.

Last October we learned of blood disorders associated with the use of a mild tranquilizer which had been on the market since April 1960. Upon investigation we found that the firm had information about 11 cases of injury attributed to the drug, including 3 deaths, that had not been reported to us. After evaluation of the evidence, this drug was recalled from the market and the new drug application was suspended.

When a drug goes into commercial use the number of people who are exposed to its effects jumps from hundreds or a few thousands involved in investigational studies to many thousands or millions. Thus if the product causes bad effects in a very small percentage of people, these effects may not be discovered until the drug is marketed and used widely. So to safeguard consumers we must learn of adverse side-effects when they are first recognized. The present system is faulty because it does not guarantee this.

We believe the public has the right to the protection that would be given by requiring the distributor of a new drug to advise us of reports of adverse reactions to the drug as soon as they are received. Then we would be able to require corrective action promptly when it is needed.

About 7 months ago a physician told us he believed that a dicalcium phosphate product used as a dietary supplement contained a sex hormone. Some of his male patients who were taking the product were developing enlarged breasts. Some female patients who were using it had abnormal uterine bleeding. Analysis of the product confirmed the doctor's suspicion. It was contaminated with stilbestrol. The manufacturer re-

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called outstanding shipments. We have just received reports that another drug manufactured by the same firm, isonicotinic acid hydrazide, has caused excessive breast development in the male babies and growth of pubic hair in female babies in two California hospitals. Preliminary tests indicate that the drug is contaminated with one and possibly two potent sex hormones.

Present law does not require a drug manufacturer to produce his wares under adequate manufacturing control. Many firms do have extensive and effective manufacturing control systems to be sure they produce drugs of high quality. However, there are other firms who resort to questionable shortcuts. Until the law requires manufacturers to maintain adequate facilities and controls, we may expect continuing drug mixups.

Present law does not allow us to suspend a new drug application on the basis of substantial doubt as to its safety. If we can prove that the applicant made false statements we can suspend the application and thus stop distribution of the drug. Also, when new tests show that the drug is unsafe we may suspend the application; but while the tests are being run, the product may remain on the market.

You may have heard of the situation that occurred only recently with respect to stilbestrol pellets for use in treating poultry. The pellets were implanted under the skin at the base of the bird's skull to produce poultry comparable with caponized birds. The pellets also increase feed utilization and thus reduce production costs.

We allowed new drug applications to become effective for stilbestrol pellets for treating poultry on the basis of statements in the applications which indicated to us that there would be no significant residues of stilbestrol in the edible parts of treated birds at time of slaughter.

In 1959 we became convinced that there was substantial doubt as to the

safety of the continued use of this treatment in poultry raising, and the Secretary of our Department asked manufacturers of the pellets, poultry growers, and poultry distributors to stop producing and using the pellets or distributing birds that had been treated with them. They agreed and we found upon later investigation that use of the product had stopped.

Three manufacturers wished to contest our view that use of stilbestrol pellets in poultry was unsafe—which they had a right to do under the law, but they agreed to continue to withhold their pellets from the market while the contest was underway. However, while a lengthy hearing was going on some growers surreptitiously got some pellets and started using them again. We have had to seize pellets for use in poultry and birds treated with them. Cooperating officials in New York State and Philadelphia and New York cities have had to take treated birds off the market. There should be clear authority for us to cancel a new drug application when substantial doubt arises as to safety of the new drug. Incidentally, the applications for stilbestrol pellets for use in chickens have been canceled as a result of the hearing mentioned earlier, or suspended voluntarily, and we believe use of the pellets has again stopped. Our position is being challenged in the courts by 2 firms.

Several years ago while awaiting execution for the kidnap slaying of Bobby Greenlease, Carl Austin Hall signed a written confession in the presence of one of our inspectors asserting that he was under the influence of illegally obtained Benzedrine at the time of the kidnapping. He said that he had been a habitual user of amphetamine-like drugs for a period of 4 or 5 months prior to the crime.

Four months ago in Houston an ex-convict shot and killed a school teacher, assaulted a 14-year-old farm girl and

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committed two robberies while under the influence of amphetamines.

Eighteen months ago the driver of a huge-tractor-trailer-truck loaded with almost 19 tons of shelled corn raced through 5 miles of Knoxville rush-hour traffic at speeds of over 100 miles per hour. He was hopped-up on amphetamines and said later he was trying to escape from "gangsters" he thought were chasing him.

Just about a year ago a Boston teenager confessed that while "loaded with goof balls" he had shot and killed a gas station attendant.

Our files are replete with stories relating the tragic results of the indiscriminate use of habit-forming barbiturates and amphetamine-like drugs—stories of juvenile crime, gang fights, broken homes—due to non-medical, excessive use of these drugs. Some police authorities tell us the barbiturates and amphetamines cause them more problems than narcotics.

We are now spending a significant amount of time in attempting to control the illicit sale of these drugs. We estimate that more amphetamines are sold illegally than are sold on the basis of legitimate prescriptions. Many of these illegal sales take place outside the drugstore in such places as bars, filling stations, and truck stops. However, we still find that of 144 criminal cases terminated during fiscal year 1961 on charges of illegal sales of prescription drugs, 62 were based on sales by drugstores or licensed pharmacists without prescription.

The present law was not designed to cope with the type of underworld traffic that has developed in barbiturates and amphetamines. Until a better procedure is available, we may expect this illegal traffic to continue despite our concentrated efforts.

In 1941 a manufacturer made a mistake and got some phenobarbital mixed into the granulation from which he produced sulfathiazole tablets. You will remember that sulfathiazole at that

time had just replaced sulfanilamide as the sulfonamide of choice in medical practice. Many thousands of tablets from the bad lot were shipped widely over the country. And the depressant effect of the barbiturate that some of the tablets contained was a real hazard to many patients already having enough difficulty staying alive in the face of overwhelming infections.

The manufacturer started recalling the dangerous material, but by that time, it was in the drug pipeline all the way to ultimate consumers for whom it had been prescribed. So our inspectors were alerted to trace every shipment and get every tablet of the bad batch off the market. To do this they reviewed the manufacturer's shipping records, distribution records of wholesalers, and prescription files of drug stores. The bad lot was apprehended in very short time. The degree of contamination we found in some of the tablets showed that lives were unquestionably saved by these efforts.

There have been other instances in which our inspectors—who are college graduates with good scientific education and sound on-the-job training—have had to inspect prescription files to locate unfit drugs and get them back from unsuspecting users.

In the early '50's an adverse Supreme Court decision showed that the factory inspection section of the Food, Drug, and Cosmetic Act was not enforceable. It did not grant the inspection authority intended when the 1938 law was enacted.

So we sought remedial legislation. When the new bill passed the Senate in 1953 it would have given our inspectors authority to make complete inspections of food, drug, and cosmetic factories. This included examination of prescription files needed to detect violations of the law and to trace stocks of bad drugs that must be called back from users. But pharmacy, among others, was opposed and a legislative history developed on the floor of the

House of Representatives that cast doubt upon our authority to make certain phases of a complete inspection. We were not given the right to inspect prescription files.

I do not understand how responsible, law-abiding pharmacists can find any valid reason to object to proper inspection of prescription files by Food and Drug Inspectors. We are both interested in protecting users of drugs and in curbing illicit sales of dangerous habit-forming drugs. You are required by the Durham-Humphrey Amendment to file prescriptions for such drugs. Yet without the right to inspect prescription files the Food and Drug Administration is deprived of the very means of accomplishing its mission of protecting pharmacists' customers. It is in much the same position as Johnny whose mother was glad he wanted to learn to swim but warned him not to go near the water.

Some pharmacy leaders say inspection of prescription files would violate the confidential doctor-pharmacist-patient relationship. Just how it would harm such a relationship for properly constituted government authority to examine prescriptions to trace dangerous and even deadly drugs and to protect society from the few unethical holders of pharmacy licenses who willfully sell dangerous drugs without prescription has never been explained. And it cannot be explained.

Pharmacy apparently sees nothing wrong with inspection of prescription files by state and local police and public health officers, alcohol tax inspectors, and narcotics inspectors. As a matter of fact, many detail men review prescription files. Isn't it time for pharmacy to take a new unemotional look at its opposition to allowing Food and Drug Inspectors to do so?

In his Consumer Protection Message last month, President Kennedy called for a strengthening of the Food, Drug, and Cosmetic Act in several areas. In the

drug field he asked for legislation to:

(1) Require a showing that new drugs are effective for their intended use—as well as safe—before they are placed on the market.

(2) Allow withdrawal of a new drug from the market when the data then available shows that there is substantial doubt as to its safety or efficacy, and require manufacturers to report any information bearing on its safety or efficacy.

(3) Require drug manufacturers to maintain facilities and controls that will assure the reliability of their product.

(4) Require batch-by-batch testing and certification of all antibiotics.

(5) Assign simple common names to drugs.

(6) Establish an enforceable system of preventing the illicit distribution of habit-forming barbiturates and amphetamines.

(7) Institute more effective inspection to determine whether drugs are being manufactured and marketed in accordance with the law.

We share your interest in seeing the pharmacy profession attain the status to which it is entitled. We know that you share our interest in safeguarding your customers—the American consumer.

These improvements in the law, together with the control measures we are taking under existing legislation will advance both interests.

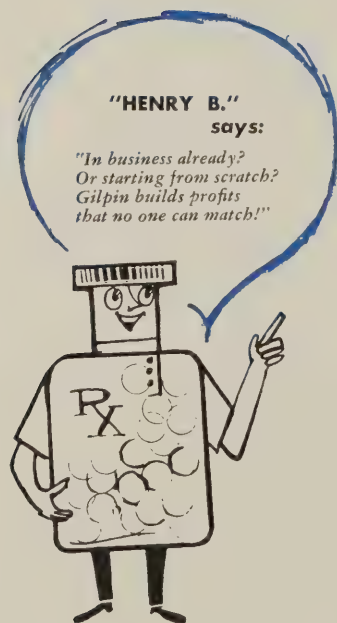
Leaders of pharmacy have over the years supported the objectives of the FDA. We thank you for this support and ask for your continued assistance.

NOTE: Since this material was presented, new Federal Drug Legislation by congress was enacted embodying some of Mr. Larrick's suggestions.

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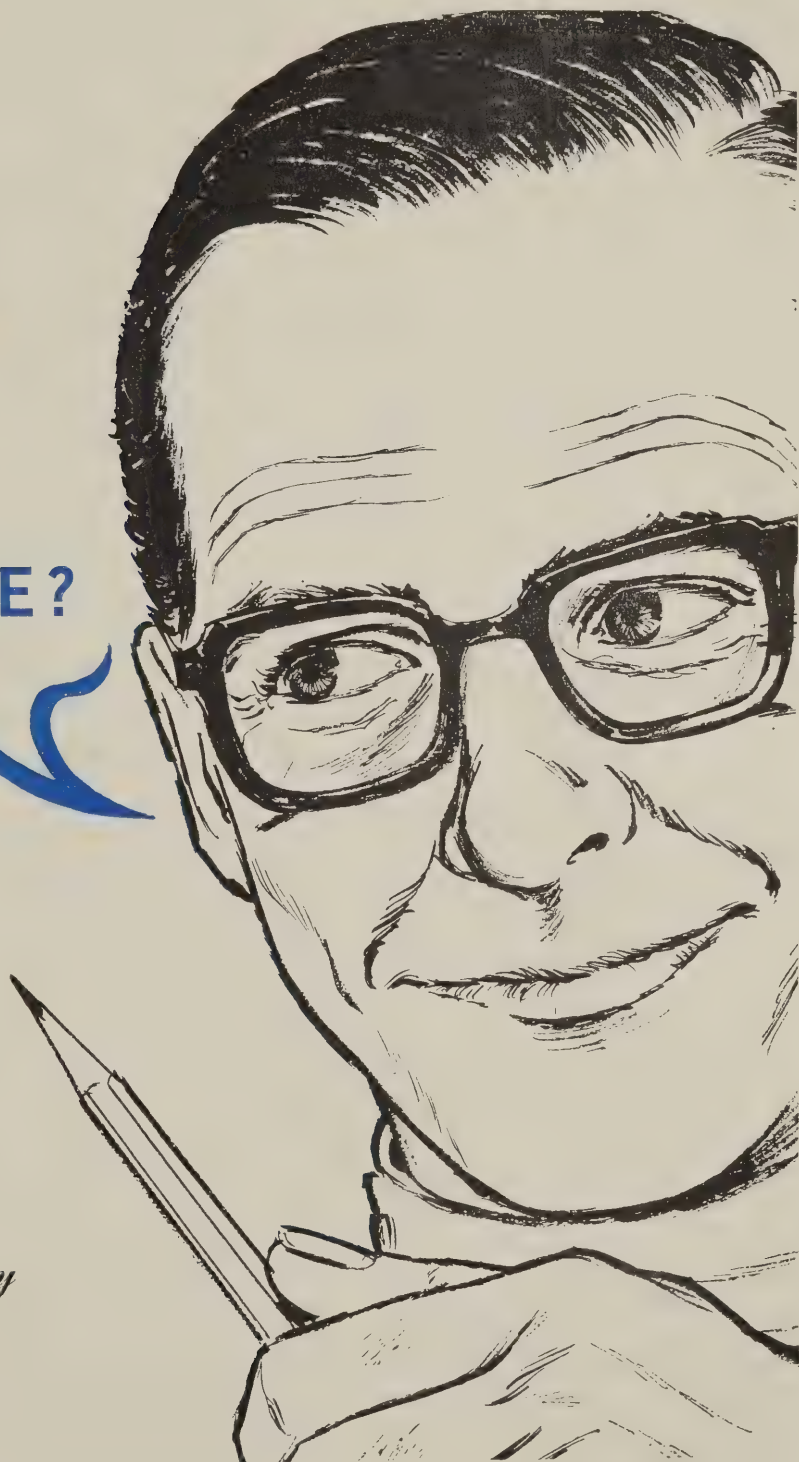
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George M. Brandt, Chairman
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Volume 20

SEPTEMBER, 1962

No. 11

T.A.M.P.A. MEETING

On Saturday, September 8th, a goodly number of TAMPA members congregated at Burnie Lee's Penn Hotel in Towson to honor retiring President Eddie Kabernagel and to welcome our new President, Sheeler Read, to the helm.

Nathan I. Gruz, Executive Secretary of the Maryland Pharmaceutical Association, took the floor for a few minutes to thank TAMPA and its officers for their work in helping to make the Convention at Galen Hall and specifically the evening entertainment enjoyable as well as successful.

Prior to the actual installation ceremonies, all committee chairmen made their final reports, recapping the year's activities, after which they were officially discharged from their duties by outgoing President Kabernagel.

Notable events occurring during the year 1961-62 included talks by Benjamin Moore of the Civic Center, the Reverend John Payne of the Goodwill Industries, the Oyster Roast at the Knight's of Columbus Hall, the memorial Past President's Day, Ladies Day with Frank Hennessey as guest speaker, the Crab Feast, Sports Day and finally the most unforgettable and heartwarm-

ing event, the Christmas Children's Party.

Past President Don Steiner was called on to give the installation speech, welcoming Sheeler Read to the Presidency. Following this, Sheeler was presented with the Gold President's Pin, as well as the Ceremonial Gavel signifying the Office of the President.

Two special presentations of significant importance were made. Outgoing President Kabernagel received a silver Revere bowl suitably inscribed commemorating his tenure in office and Maurice Brager, Honorary President, also received a presentation from Sheeler Read.

Special notice was also taken of John Crozier, who operated admirably as both Secretary and Treasurer during the year.

Following this, Sheeler Read introduced the officers, directors and committee chairmen of his new administration.

In closing, we would like to express our most sincere and heartfelt thanks to Eddie Kabernagel and his administration. Undoubtedly this past year was one of the best enjoyed by TAMPA and for this we can thank our conscientious and persevering President.

COMMITTEES

Attendance

Larry Rorapaugh—Chairman
Dorsey Boyle—Board Adviser

Custodian

Bob Williams—Chairman
Bernie Appel—Board Adviser

Luncheon

Don Spedden—Chairman
Al Settler—Board Adviser

Maryland Pharmacist

George Brandt—Chairman
Wilson Spilker—Board Adviser

Membership

Howard Dickson—Chairman
Swen Justis—Board Adviser

Program

Don Steiner—Chairman
Herman Bloom—Board

Publicity

Ken Whitehead—Chairman
Fred Plate—Board Adviser

Welfare

Lou Rockman—Chairman
John Albert—Board Adviser

Emory G. Helm Memorial Fund

Ab Leatherman—Chairman
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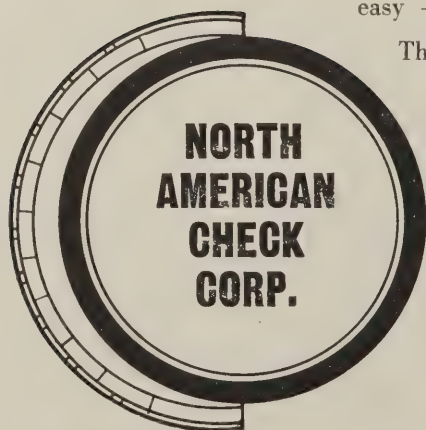
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FRANCIS S. BALASSONE,	Ex-Officio

PRESIDENT'S MESSAGE

BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

As the "grass-roots" organization of pharmacists in the greater Baltimore area, the Baltimore Metropolitan Pharmaceutical Association is concerned with all problems affecting pharmacists. Our schedule includes professional and merchandising programs. Let us hear from you about any subjects you feel should be covered.

The September meeting sponsored by Bauer and Black was a most successful one. It brought much valuable information to assist pharmacy retailers in today's highly competitive situation.

Many of us feel that some manufacturers whose products were launched through the indispensable participation of pharmacists have abandoned them. However, there are still manufacturers who maintain a policy of distribution only through pharmacies. Their advertising messages tell the public: "get it at your *pharmacy* or *drug store*", not "at your favorite *drug counter*".

Show your appreciation of manufacturers that have a policy of professional distribution through pharmacies only by supporting them in every way.

Every square inch of display space in your pharmacy is priceless. Make every square inch count by displaying the goods of manufacturers who show they care about pharmacy by their actions and by their advertising.

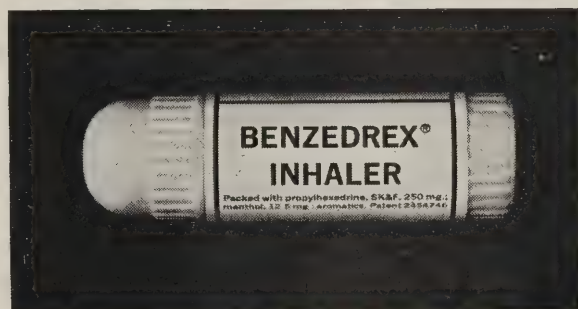
The retail pharmacists of this country still are a major distributive factor in the economic picture. Our merchandising practices and your recommendations to your customers can make manufacturer sit up and listen!

Cordially,
 JEROME J. CERMAK
 President

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Benzedrex[®] Inhaler

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... in seconds*



'Benzedrex' Inhaler is the *only* inhaler that contains the outstanding volatile vasoconstrictor, propylhexedrine. It provides effective temporary relief of the congestion of head colds and allergic rhinitis—in a matter of seconds.

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better profits



*unmatched delivery schedules
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Maryland Pharmacists*

Top profits from greeting cards depend first of all on having the cards you need when you need them. That's the CharmCraft secret—personalized delivery schedules to meet every need.

But it's not the whole CharmCraft story. CharmCraft means an exhaustive collection of truly imaginative greeting cards housed in the most eye-appealing cabinets and advertised nationally. It all adds up to top profits with less work and bother for you—a mighty pleasant combination.

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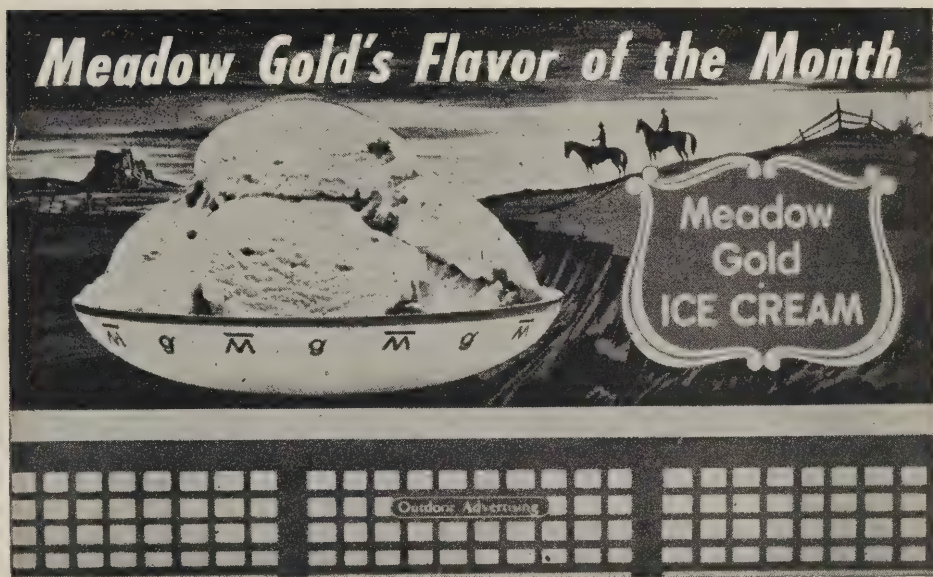
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month after month for a full year!**



***Tie-in with this great promotion!
Feature the MEADOW GOLD "Flavor of
The Month" and CASH-IN with bigger sales!***

Tell them you saw it in "The Maryland Pharmacist"

-: NEWS ITEMS :-

L.A.M.P.A. NEWS

MRS. CHARLES S. AUSTIN, JR.

Honorary President of L.A.M.P.A.

Our honorary president for this year, by her own admission, "grew up in the drug store." Her interest for things pharmaceutical was nurtured while in the surroundings of her father's pharmacy. She married a prominent leader in pharmacy, who during his lifetime, served as president of both the Maryland Pharmaceutical Association and Baltimore Retail Druggists Association, President of the State Board of Pharmacy, as well as many other executive positions in local, state and national pharmacy groups. Since his death in 1958, Mrs. Austin has continued to operate the Austin Pharmacy, as well as maintain a very active part in local pharmacy affairs.

In June, 1953 at Ocean City, Maryland, when L.A.M.P.A. was first organized, she used her innate executive ability to help formulate our objectives as an auxiliary to the M.P.A. Her efforts were rewarded, when she was honored by election to its first presidency. She continued in this capacity for two full terms. Subsequently, she gave of her talents as a Board Member or in an advisory capacity.

While pharmacy always comes first with Dorothy, she has managed to take several noteworthy trips. Hawaii and the Caribbean area, were visited in conjunction with pharmacy conventions; as well as two trips to Europe, on her own. Her jaunts have allowed her to indulge in another of her interests, i.e., collecting antiques, especially, china and glassware. A valuable collection of old show globes, some of which are displayed in her pharmacy, are proof of her years of diligent searching. While it is not too generally known, she has a fine soprano voice, having studied with the late Eugene Martinet, and her family says, she has sung in almost

every church in Baltimore.

We are indeed pleased to have Mrs. Austin, successful businesswoman, proud grandmother, and enthusiastic charter member of L.A.M.P.A. as our Honorary President for this, our tenth anniversary year.

ANNE K. CRANE

Corresponding Secretary

DRUG INFORMATION GROUP MEETS AT STERLING-WINTHROP

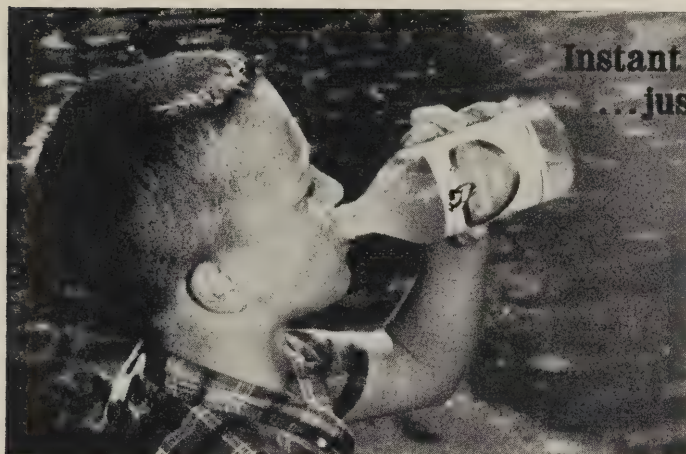
The Sterling-Winthrop Research Institute was host in September to the regular meeting of the Pharmaceutical Scientific Information Study Group.

This group meets at various pharmaceutical companies on a rotating basis to discuss common problems in the scientific information field.

Feature of the bimonthly meeting was a description of a new technique developed by the Sterling-Winthrop Research Institute which processes electronically great quantities of clinical data on new drugs and produces easy-to-read digests of the data. In contrast, the meeting was told, old-style digests consisted solely of numbers which required decoding by experts.

The new techniques was explained by Joyce M. Dreisenstock, Russell G. Traub and Dr. Helen F. Ginsberg of the research institute. Others involved in the project were Dr. Oliver H. Buchanan and Dr. Eugene A. Conrad, Sterling-Winthrop and the medical research departments of Winthrop Laboratories and Winthrop Products. Dr. Buchanan described the technique for the first time earlier in September at the annual meeting of the American Chemical Society in Atlantic City.

Also on the program was a discussion of an earlier Sterling-Winthrop electronic method of coding, retrieval and rapid dissemination of biological screening data. It was described by Dr. Conrad and J. Christine P. Fitzgerald.



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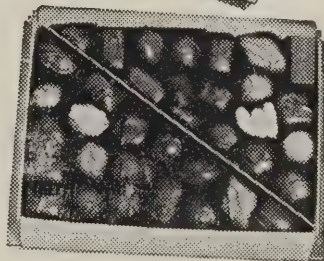
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With a lot of hard work**YOU CAN MAKE THIS A SENSATIONAL CHRISTMAS SEASON!**

Here are tested strategies for getting off to a good start and carrying through to a terrific Christmas selling season:

Your slice of the Christmas pie will be determined by your own efforts. You'll have 27 selling days pre-Christmas selling days after Thanksgiving this year, as against 26 last year. And with more than a full week, right up to an including Monday, preceding Christmas, your final score for the holiday selling season should top last year's.

Plan to have your gift stocks peaked, your decorations up, and the whole store ready for the official opening of your Christmas selling season early in November.

"Early bird" shoppers will be ready to do the bulk of their shopping early in November. Plan a powerful drive for this period, to underline the completeness of your values. If you're ready with an enticing array of merchandise, alluringly displayed, spiced with special sale values, and if your store and its advertising are alive with the Christmas spirit, you'll get gift buying off to a big start earlier than ever.

The nine-day period starting on Monday, November 12, and ending on Wednesday, November 21, the day before Thanksgiving, is the most crucial period of the Christmas selling season. Plan a dynamic nine-day drive and step up your advertising and promotional budget for this period. This is the time to go out and "buy the business". Organize a barrage of irresistible values, and call it your "Christmas Spectacular". Publicize your night opening dates.

The great majority of people are still in the habit of waiting until Thanksgiving to do their gift shopping, you'll have heavy traffic during this period. Plan a final push for the last few days before Christmas.

Promote big-ticket "conscience" gifts for those who have put off buying until the last minute.

Use this checklist in planning your Christmas campaign:

- Shall our Christmas opening be earlier this year? Shall we make a strong drive to get as much holiday business as possible before Thanksgiving.

- Since Christmas will be observed on a Tuesday this year, what special plan shall we make to build up sales in the week beginning December 17?

- Which departments can be made wholly or partly self-service or self-selection for Christmas?

- What provision will be made for cashier-wrap booths in the store?

- Do you have a program for going after the huge and fast-growing Christmas business gift business?

- What is our plan for recruiting full-time "extras" and part-time help for the holiday season?

- What special sale contests and other employee incentives shall we plan?

- List the 50 best-selling items we had last Christmas. How many of these will we repeat? What new items will replace those we do not plan to repeat?

- What plans will we make to increase our average sale this Christmas?

- Where did we lose sales last year because of incomplete assortments or insufficient stock?

- Who will organize and continuously check a list of "never out" Christmas items for all departments?

- What system can we set up to be sure we don't overlook "under-the-counter", stock room, receiving room and warehouse goods before it is too late?

- What outstanding items or lines did our competitors feature last Christmas that we missed? What are we doing to correct this situation this year?

- Will we aim for a higher gross margin this year? Will we put more

emphasis on items with better initial mark-on? Will we develop a strong "step-up" program?

- How can we draw customer traffic into "dead end" and neglected areas on the floors?

- Will we have a "Gift Shop" with merchandise collected from all departments?

- Shall we plan an early private pre-Christmas selling event for our mailing list customers, with 5 or 10 percent discount on all purchases, to get the jump on competition?

- When will we begin final clearance of strictly Christmas merchandise?

- How about the week after Christmas? Will we have enough fresh new merchandise in stock to take care of gift exchanges thereby holding refunds to a minimum?

- What plans will we make to get all the extra business possible from mail and phone orders? Coupons in ads?

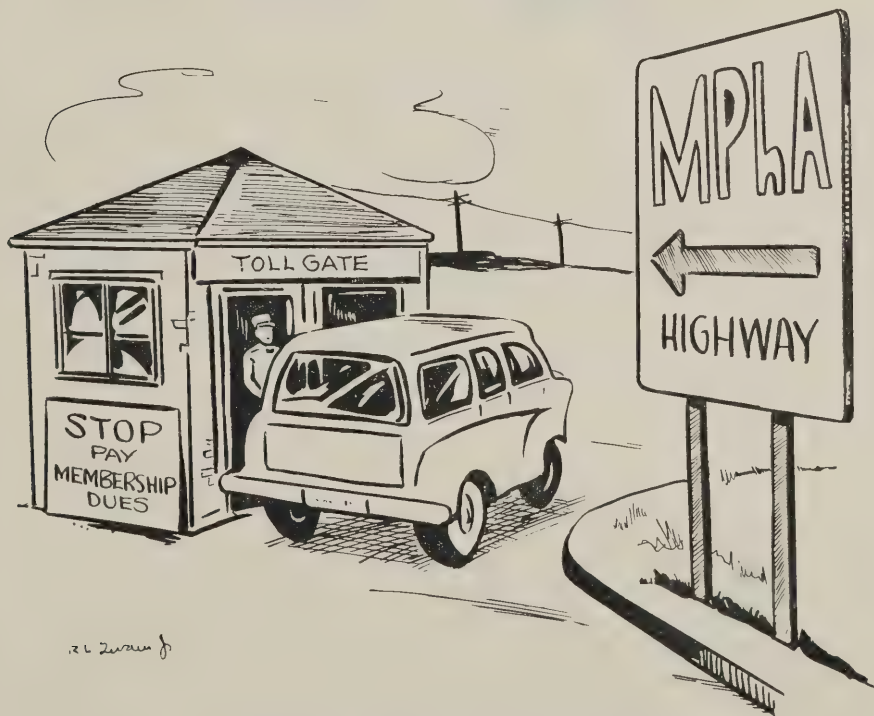
- When shall we order posters, streamers, Christmas sign cards, top-pers, etc., and in what quantities?

- What major event shall we plan for the five days between Christmas and New Year's Day?

Adapted from article by Joseph Daffner of J. B. Williams Co. Inc.

OMISSION

We regret the omission of Stephen F. Whitman & Son from list of donors to the Convention of the Maryland Pharmaceutical Association published in the preceding issue.



A RIDE THAT GOES SO FAR FOR SO LITTLE!

NEW DRUG SAMPLING METHOD

Ames Company, Inc., of Elkhart, Indiana has announced plans to test a new drug sampling method, "Scriptstarter" (R) designed to avoid the many disadvantages inherent in the present sampling procedures used by the pharmaceutical industry.

Sampling has been criticized by some physicians as wasteful, unnecessary and expensively flamboyant. Some pharmacists have criticized sampling as economically harmful to their prescription volume. It is said that some patients may be confused when their physician gives them samples for trial on the premise that it might encourage the thought that his treatment and diagnosis may also be on a trial basis.

The Food and Drug Administration (FDA) has taken action against companies who collect, repackage and sell unused M.D. samples. The FDA believes that the diversion of physician samples back into channels of distribution has become a national regulatory problem.

"Scriptstarter" (R) by means of a preprinted prescription, replaces the usual drug sample. The physician writes the patient's name and directions on the prescription form and the patient then takes it to his pharmacist for filling, at no charge.

The pharmacist is reimbursed by filling out an attached form on the preprinted prescription and mailing this to Ames Company, Inc., in Elkhart, Indiana.

The company states that "Scriptstarter" (R) would virtually eliminate the dangers resulting from diversion of samples into the hands of unauthorized repackagers.

Other benefits of "Scriptstarter" (R) will accrue to both physicians and pharmacists, Ames states. Physicians will no longer be faced with the problem of storing and handling samples, and will

be assured that their patients will receive a fresh drug from their pharmacist.

The pharmacist will benefit by receiving his profit from the sample transaction and thus not lose a sale to a sample.

Under this plan the patient can still be given the "trial" or "starter" supply at no charge as is now being done with a physician sample.

The "Scriptstarter" (R) now being tested will, if successful, be adopted by Ames Company as a definite procedure.

YOUNGS RUBBER CORPORATION REPORTS BURGLARY

Youngs Rubber Corporation has reported to the Trenton, N. J. police that sometime during the night of Tuesday, August 14th or early morning August 15th, their plant was burglarized. Approximately 3500 gross of their rubber prophylactics were stolen.

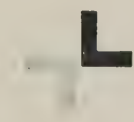
These goods are readily identifiable. All pharmacists should be alerted to the fact that any Youngs prophylactics offered through channels other than the regular Youngs wholesale drug distributors might be part of this stolen merchandise. Should any such offer be made, Youngs requests that they be notified by collect Telegram or Telephone immediately so that proper police authorities can investigate and trace.

William M. Bristol, III, President of the Bristol-Myers Products Division, announced that Bristol-Myers has brought Civil Action No. 1666-62 in the United States District Court for the District of Columbia against eight of the Dart Drug Corporations and Mr. Herbert H. Haft, President, charging that the defendants through their use of BUFATRAN on an analgesic preparation infringe the rights of Bristol-Myers in its registered trademark BUFFERIN.

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APhA AND ASHP EXPLAIN ROLE OF PHARMACISTS IN HANDLING INVESTIGATIONAL DRUGS

American Pharmaceutical Association Executive Director William S. Apple explained to FDA Commissioner George P. Larrick the present role of the practicing pharmacist in handling investigational drugs.

As a result of statements attributed to the FDA Commissioner, which inferred that pharmacists may have had illegal possession of the investigational drug, thalidomide, Dr. Apple noted that "the possession of these drugs by pharmacists is not contrary to the Federal Food, Drug and Cosmetic Act." "As a matter of fact," pointed out the APhA Executive Director, "many governmental and non-governmental hospitals have adopted specific procedures which require the custody, labeling and dispensing of investigational drugs through the pharmacist." Federal hospitals which follow this procedure include the U. S. Public Health Service and the Veterans Administration.

The FDA was advised that "the records maintained by the pharmacist make it possible for him to implement any recall program of any prescribed drug — investigational, or otherwise. Time and time again, pharmacists have demonstrated their willingness and ability to cooperate in recall programs."

In noting that FDA Commissioner Larrick had suggested that if Federal agents were able "to check prescription files to determine whether all stocks of this product (thalidomide) have been removed from the home medicine cabinets," Dr. Apple noted that "the spontaneous volunteer efforts of 115,000 pharmacists can be more effective in identifying and advising patients of the hazards of a recalled drug . . . than the limited number of FDA agents which is available to meet such emergency."

"I am confident that you found this to be the case with those pharmacists who lawfully had thalidomide in their

possession," concluded Dr. Apple in his telegram to Commissioner Larrick.

To supplement this American Society of Hospital Pharmacists Executive Secretary Joseph A. Oddis has forwarded to Commissioner Larrick a copy of the Society's policy entitled "Statement of Principles in the Use of Investigational Drugs." This policy statement was jointly adopted by ASHP and the American Hospital Association in 1957, and has more recently been approved by the American Nurses' Association. The statement specifically states: "The pharmacy department is the appropriate area for the storage of investigational drugs, as it is for all other drugs. This will also provide for the proper labeling and dispensing in accord with the investigator's written orders."

NEW SCHERING PRODUCTION CENTER

One of the most modern pharmaceutical manufacturing plants in existence went into full operation at the Schering Corporation's Union (N. J.) production center.

The 5.5-million-dollar structure, built of brick, concrete and interior structural tile, contains more than nine acres of floor space and permits Schering to consolidate all its manufacturing, warehousing and packaging operations under one roof. The building, in which 340 persons are employed, enables Schering to better service health product needs throughout the world.

The Bloomfield firm has also recently completed: a \$750,000 toxicology laboratory in Lafayette, N. J.; a \$385,000 branch warehouse in Niles, Ill.; a 970,000 headquarters building in Montreal; a \$240,000 office and warehouse in Mexico City, and a \$675,000 drug processing plant in Maracaibo, Venezuela. The Montreal, Mexico City and Maracaibo firms are Schering subsidiaries.

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NEW TECHNIQUE MAKES COMPLEX STATISTICS ON NEW DRUGS UNDERSTANDABLE

A new technique using electronic accounting machines that takes mountains of clinical data collected in testing a new drug, analyzes the data and prints the results in legible form, was described to the American Chemical Society by Dr. Oliver H. Buchanan, director of coordination of the Sterling-Winthrop Research Institute, Rensselaer, N. Y.

Electronic evaluation of test data on experimental drugs is a relatively new method in itself. Until now, the mechanical "brains" digested the masses of raw clinical information on a new drug and produced report sheets filled with numbers. The difficulty was that only statistical experts using a code could decipher the meaning of the numbers.

For the first time, Dr. Buchanan told the ACS annual meeting, complex test data have been analyzed by the electronic machines and translated into words and abbreviations that are immediately meaningful. And, also for the first time, this new technique was incorporated in July in a new drug application submitted to the Food and Drug Administration by Winthrop Laboratories, pharmaceutical manufacturer, to market a contrast agent called Bilopaque. The drug was developed as a diagnostic aid in connection with x-ray visualization of the gallbladder.

Named CLINIC, the technique's principal feature is a legible "print-out." This bridges the gap between case reports on an experimental drug submitted by clinical investigators and the previous summary sheets produced by the electronic equipment. The old-style summaries required time-consuming decoding by trained personnel, Dr. Buchanan explained, contrasted with the new easy-to-read print-out.

Each line of the print-out, he said, reports the diagnosis of a single patient plus the medication, clinical efficacy,

side effects and the investigating physician's comments. A print-out page contains approximately 25 such patient reports. It was formerly necessary to go through 25 individual case report cards to obtain the same information.

Another feature of the technique, which utilizes various standard IBM data retrieval machines, is the ease and speed it provides for statistical evaluation, in legible form, of specific questions relating to the clinical data. For example, if additional information is desired respecting the incidence of a specific side effect on patients in a particular age group, the information can be obtained quickly and comprehensibly from the electronic equipment. Or, Dr. Buchanan noted, researchers can obtain a rapid and reliable correlation between different dosages and degrees of response by patients which will aid in determining the recommended effective dosage when the drug is made available to the medical profession.

He said the technique is of great benefit to scientists involved in the development and testing of new drugs, as well as to personnel who evaluate the effectiveness of experimental compounds. For them, there is a great saving of time to process the complicated and voluminous test data needed at various stages of research projects. Of further importance, Dr. Buchanan said, is the more intensive and speedier study of new drugs that is now available.

The technique was devised by Dr. Buchanan and colleagues at the Sterling-Winthrop Research Institute, in collaboration with members of the department of medical research of Winthrop Laboratories and other units of Sterling Drug Inc., the parent company.

American Cyanamid Company's earnings for the first six months of 1962 were \$31,624,000 or \$1.48 per share, a first half record and a 33 per cent increase over the \$23,732,000 or \$1.11 posted for the same 1961 period.



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YOUNGS RUBBER DEFENDS PHARMACY LAWS AGAIN

Arkansas drugstore prophylactic laws have been attacked and their constitutionality is being defended through a Little Rock law firm engaged by Youngs Rubber Corporation in behalf of the Board of Pharmacy.

A Pulaski County Chancery Court complaint filed by Arkansas Distributors, Inc., a vendors' association, and two of its members, cites the State of Arkansas, the cities of Little Rock and North Little Rock as well as the State Board of Pharmacy as defendants, in an effort to void the laws which confine the retail dispensing of prophylactics to pharmacies. The vendors' association is seeking to maintain the sale of prophylactics through vending machines and in non-pharmacy outlets.

The principle of professional and drugstore distribution has already been uniformly upheld by the highest courts of Kentucky, Michigan, New York, Wisconsin and Virginia. Youngs appeared amicus curiae (friend of the court) during 1959 in New Jersey proceedings where it successfully argued the right of pharmacies to deal in articles of venereal prophylactics and contraception. As late as 1961 Youngs, emerging victoriously from a \$30 million U. S. District Court lawsuit against it, validated its policy of advocating drugstore prophylactic legislation and reporting violations to the public authorities. Previously, in 1930, it had for the first time in pharmaceutical jurisprudence clarified the right of the drugstores regularly to distribute its product to the consumer.

Commenting on the current Arkansas litigation, John C. MacFarlane, President of Youngs, said "The Public Interest and morals are served best when health items like quality prophylactics are dispensed through the ethical and traditional channel of Pharmacy as a member of the community health team."

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OUTLOOK FOR COSMETIC SALES

The lady who fills her dressing table with cosmetics, scents and beautifying ointments may simply be trying to appear more attractive, but she is receiving additional credit from an unexpected source.

The lady has also beneficially influenced the national economy, made the use of cosmetics respectable, and raised morale in time of war, according to the July issue of *Investornews*, the monthly financial magazine published by Francis I. duPont & Co., one of America's leading investment firms.

Statistically, cosmetics and toiletries lead the list of 54 industries in annual rate of growth for the past five years, compounded per common share. In 1962, it looks forward to over \$2 billion sales, compared with \$1.4 billion in 1957 and almost double the sales of a decade ago. Authorities predict they will double again by 1972.

This industry is one of ideas and imagination, and the product in its tubes, jars and vials is actually 'hope', says *Investornews*.

Quoting Stephen L. Mayham, Executive VP of the Toilet Goods Association: "Women want to look attractive, and cosmetics help them do it. Every year there are more potential customers, with more money at their disposal. There are improved products, new methods of cosmetic application, merchandising and distribution. Accelerated research has produced greater use of active, beneficial ingredients in cosmetics. And the industry benefits directly from the population explosion . . . Girls now start using make-up at 12 or 13."

Many companies have fine growth records, broad product lines and above-average profit margins, noted *Investornews*. A rash of acquisitions and mergers have occurred in the past five years, providing greater diversification and financial stability.

Fads, spelled "anathema" by high-unit-priced merchandise manufacturers,

are spelled "opportunity" by cosmetics. This year's emulation of Cleopatra has boomed eye make-up sales, while several years ago the pale, wan look required no re-tooling of plants. Manufacturers simply sold white, not red lipstick, with nail polish to match.

Sales of hair-coloring rinses, tints and dyes flamed spectacularly from \$24.5 million in 1955 to \$67.6 million in 1960 (latest figures available), with an impressive rise predicted for 1961. And it may come as a surprise to most men that one out of every three women they see uses, or has used, hair color tints.

Says Peter Pace, one of Manhattan's top hair stylists: "It used to be that when a woman wanted to dye her grey hair, we would have to hide her behind a curtain. The dye would stay in until it grew out—or fell out. Now, even young ladies color their hair to suit their mood. Rinses are not only chic, they are convenient to apply, easy to remove, and safe."

The hair-fixative bomb, which boomed sales from \$5.4 million in 1952 to a sweet-smelling \$81.2 million in 1960 (latest figures available) continues to be a strong feature in the highly competitive industry.

For example, Alberto-Culver's new VO-5 hair spray, first marketed in 1961, is in a close race with previously established products such as Helen Curtis' *Spray Net*, Toni's (Gillette) *Adorn*, and Revlon.

While advertising expenditures to introduce new products are hefty enough to curl milady's hair or perhaps make it stand up straight, *Investornews* points out that smaller concerns, unable to expend such sums, benefit as the colorful advertising splashes over into their own black-ink ledgers.

"The fact is," says Steve Mayham, "a woman will go without food rather than without lipstick—and she wants her lipstick in several shades." In the depression 30's, the Francis I. duPont & Co. publication notes, cosmetics suf-

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ferred less than any industry except possibly food.

Perhaps the most dramatic change in the past few years has been in patterns of distribution, with food store and door-to-door sales of cosmetics and toiletries maintaining a solid position in 1961 while sales in chain and independent drug stores continued to advance at the cost of department and specialty shops. Discount houses have become a factor.

Cosmetics are attaining a 'necessity' status, markets have broadened, new developments spur rapid expansion. The industry has recession-resistant qualities, above average profit margins and high return on investment, with steadily increasing stature. The men's market has hardly been touched, more "treatment" beauty products can be expected, the foreign market with its rising per Capita income has promising growth potential.

The industry's overall characteristics are attractive, according to Investor-news, despite obvious disadvantages of the tremendous outlays of cash needed for advertising and production, research, unsuccessful new product introductions, and strong competition.

These days when Wall Street's financial community admires the way a lady looks, chances are she's also being appraised as an investment.

HEALTH CARE COSTS AVERAGE WORKER 24 MINUTES OF EACH WORKING DAY

A typical working man of today who earns \$4500 a year spends 24 minutes of each eight hour working day earning money to pay for medical care, according to a recent tax foundation study. This covers all forms of hospital and medical care. In contrast, he works 42 minutes of every working day to pay for his car and other transportation expense; 85 minutes to pay for housing; 95 minutes to pay for food. The largest single expense he must meet is taxes. He spends 149 minutes every day earning money to pay taxes.

TESTING FOR COLLEGE ADMISSIONS

By Dr. George Marx

Dr. Marx, an associate professor in the University of Maryland College of Education, is director of the university's PRE-COLLEGE summer session.

How much diversity is desirable in higher education? How should higher education be financed? How are students to be taught—in small classes, through laboratories, through discussions, with the new media of instruction such as closed circuit television and other improved audio-visual methods? These are but a few of the many questions which face today's college and university faculties, administrators, and governing boards. Basic to each of these problems is the phenomenon of the increasing college enrollments. Every institution of learning is interested in enrolling those students which have the greatest probability of attaining the objectives for which institutions exist. The problem posed for the admissions officer is in ascertaining precisely which applicants do in fact have the greatest opportunity for success in their particular school whether it be a university, a liberal arts college, a teachers college, a junior or community college or another type of post-high school institution.

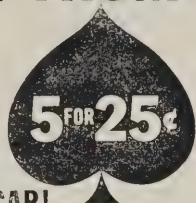
The information which an admission office can use to arrive at a decision regarding admissions includes data on the student's educational background, his interests and objectives, his family background and his ability.

Of these the information about the student's knowledge and abilities is most important. In order to learn about a student's acquired information and skills the high school transcript is invaluable.

The special kind of ability which is most indicative of how well students can do scholastically in college or a university is referred to as college aptitude, scholastic aptitude, verbal ability, or abstract reasoning ability. This information is typically provided through the use of standardized exami-

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nations. The use of test score information provides a common and reliable basis of comparison which is not affected by the variation in grading standards from high school to high school. It also can provide an effective means to assign students to courses and classes. In many schools the test scores are used exclusively for this purpose.

Because of the many problems involved for a college in conducting a testing program most colleges and universities which use test data participate in one of the national testing programs. Participation in such a program allows the college to have the information at an earlier date, as well as allowing the student to have the information in sufficient time to assist him in planning for college. It also allows the utilization of a high speed scoring process, professional test development and test administration under more uniform conditions.

There are two major college testing programs. They are the College Entrance Examination Board "College Boards" and the American College Testing Program "ACT." The College Boards are divided into two parts: a scholastic aptitude test (SAT), and 14 achievement tests on various subjects. The ACT reports five scores in four subject matter areas (English, Math, Social Sciences and Natural Sciences) and a composite score.

Testing centers are established throughout the country which allow the student to take the test without traveling to the college of his choice. The tests are administered at various times during the school year. Information on the two programs can be obtained through the high school counselor.

The amendment to the postal regulations will now permit dispensed prescriptions to be mailed by third or fourth class mail, rather than first class as heretofore required.

WHITMAN ENFORCES FAIR TRADE CONTRACT

On September 28, 1962, in Circuit Court of Prince Georges County, Md. in the chambers of Judge Ralph W. Powers, a permanent injunction was granted To Stephen F. Whitman & Sons in the case of Whitman versus GEM for violation of Fair Trade Laws.

This was completion of case in which temporary injunction was granted last May.

GEM, because of strong stand taken by Stephen F. Whitman & Sons, in the State of Maryland, did not contest this final injunction but signed it voluntarily.

PATENT GRANTED TO PFIZER ON NEW PSYCHOTHERAPEUTIC AGENT

A U.S. patent was issued today to Chas. Pfizer & Co., Inc., for benzquinamide, a new psychotherapeutic agent designed to treat a wide range of emotional disturbances. The inventor is Dr. J. R. Tretter of Pfizer's Medical Research Laboratories in Groton, Conn. The patent, No. 3,053,845, also covers related compounds.

Benzquinamide, which has the trade name Quantril, is a pharmacologically unique agent, the first non amine-depleting benzoquinolizine. It is now undergoing extensive clinical trials and is not yet available for general use by the medical profession.

Chemically benzquinamide is 2-acetoxy - 3 - (N, N-diethylcarboxamido) - 9, 10-dimethoxy-1, 2, 3, 4, 6, 7 - hexahydro - 11B - H - benzopyridocoline (CH₃COO-axial).

SYNTHESIS OF A TETRACYCLINE ANTIBIOTIC SEEN AS MAJOR SCIENTIFIC BREAKTHROUGH

The first total synthesis of an antibiotic of the tetracycline group — a chemical feat that has challenged scientists in England, Germany, Japan, Russia and the United States—has been accomplished by a joint team of scientists from Chas. Pfizer & Co., Inc., pharmaceutical and chemical manufacturer, and Harvard University.

"WOMEN LEFT HOLDING THE BAG ON TAXES"

"WOMEN: THE OVERTAXED SEX"

These headlines are from recent articles in the **St. Louis Globe-Democrat** and the **Sunday Denver Post**, whose editors are joining the housewives of the nation in an all-out effort to get the excise taxes on cosmetics and handbags off the federal books this year.

Whether they and the earlier articles from **This Week**, **Good Housekeeping**, and **Mademoiselle**, publications with circulations in the millions, succeed in fanning the ire of the women to the point that they will write to their Congress men for repeal seems to be hopeful at this time.

Lawrence J. Linck, public affairs counselor for the Committee working for the repeal of these excises, says that his office is receiving requests daily for material from just-plain housewives, who are disturbed at the Government's broken promise . . . the vow to repeal the toiletries and handbag taxes at the end of World War II. Today these disillusioned and irritated women realize that if anything is done about this matter it will come through their efforts to stimulate a Congress that is pressed for money for defense and almost countless other public expenses. This pressure for funds makes for an understandable reluctance to repeal any revenue tax.

However much Linck and his Committee sympathize with the Ways and Means Committee of Congress, they believe that taxes should be fair and equitable as well as a source of revenue. And, they cite the fact that this particular tax is believed to be costly to administer and not productive of real net revenue.

Proportionately, the \$129,211,000 collected in retail excise taxes on toilet preparations for the fiscal year 1960 was slightly less than two-tenths of one percent of the total U. S. taxes, which amounted to 93 billion.

Repeal supporters maintain that lifting taxes on essential toiletries and handbags would have a healthy effect on the national budget (to say nothing of what it would do for a woman's).

They believe that abolition would mean more sales with accompanying revenue to the retailers, wholesalers, and manufacturers. This, in turn, would produce revenue to the Government through personal and corporate income taxes.

Those who agree that these taxes should be repealed are being urged to (1) write to the National Committee for Repeal of Excise Taxes on Handbags and Toiletries, 53 West Jackson Boulevard, Chicago 4, Illinois, for information and (2) write to their Congressmen, Washington 25, D. C., urging repeal.

A healthy push from the nation's housewives might well prove the impetus to bring success in the fourteen year-old struggle to get this unfair, unwanted, repressive and inequitable tax off the books.

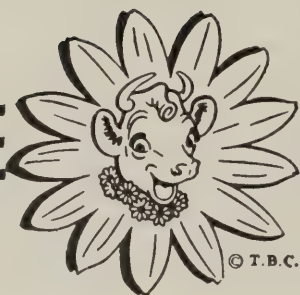
"All that is necessary for the forces of evil to win in the world is that enough good men do nothing."

—Edmund Burke

In Memoriam

GEORGE HARRY WALTZ

George H. Waltz, a graduate of the University of Maryland School of Pharmacy in 1911, died on September 4, 1962 at the age of 71. He operated the Waltz Pharmacy at Monroe & Mosher Streets in Baltimore for 30 years. His brother, Bradley H. Waltz, was associated with him in the pharmacy which was started by their father and was in the family for 37 years. There were three generations of pharmacists in the Waltz family in Baltimore.



Elsie says "*Very Big On Flavor*" is such a terrific slogan because it expresses a powerful fact in only four words.

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Further clinical work showed LACTINEX, combined with good personal hygiene, to be of considerable aid in the control of adolescent acne—80% effective in 300 cases!⁴

No side effects have been reported with LACTINEX, even when given in massive doses.

Detailed literature and samples available to physicians upon request.

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2. Weekes, Don J.: *New York State Journal of Medicine*, Vol. 58, August 1958.
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